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THE HUMAN SERVICES REPORTING SYSTEM

WHAT

The Human Services Reporting System (HSRS) is a data collection system for social service and mental health clients, the services they receive, and the funds expended. This information meets both state and federal reporting requirements. The system includes two areas of reporting: 1) client specific information, and 2) summary reporting tables.

HOW

The Human Services Reporting System (HSRS) collects client specific data from county agencies either through direct entry to an on-line terminal or through computer communications from local computers to the state mainframe. Suggested forms are included in this manual, but agencies may choose to use their own forms.

WHO

All county Departments of Social Services, Human Services, Community Programs (51.42), and Developmental Disabilities Services (51.437) as well as Regional Offices are required to report. Clients who fit the following definition are to be reported:

- A. Persons who receive any services classified under the following clusters: 1) Work Related and Day Services; 2) Community Living Support Services; 3) Community Residential Services; 4) Investigations and Assessments; 5) Community Treatment; 6) Inpatient and Institutional Care; 7) Community Support Programs; 8) Child Day Care; 9) Supported Employment; 10) Institution for Mental Disease; 11) Supportive Home Care; and 12) Specialized Transportation and Escort.
- B. Service is either provided by or purchased by a state/county contract agency (i.e., County Department of Human Services (46.23), County Department of Social Services (46.215 and 46.22), County Department of Community Programs (51.42) and County Department of Developmental Disabilities Services (51.437)) or Regional Office.
- C. Persons for whom agencies have program responsibility (e.g., authorizing a service, quality assurance activities, monitoring a service specified in a service plan, etc.) including persons for whom no agency funds are used (for example, MH out-of-state emergency inpatient, IDP assessment, board operated IDP self-pay treatment) are also clients and must be reported.
- D. Persons who are significant others (e.g., family members) of a focal client (i.e., person having the condition which is the focus of the service) and also receive services.

NOTES:

1. Reporting should include all juveniles whose services are paid for by Youth Aids corrections charges as well as persons in State DD centers for whom the county agency has some program responsibility.
2. Children receiving crisis/respite child day care are the recipients of the service and must be reported. Parents should be reported if receiving another service.

WHEN - CLIENT SPECIFIC REPORTING

MODULE	REPORTING FREQUENCY	REOPENING **
CORE	Due at least twice per year by July 31* and the last business day of February of the following	1 year
CHILDREN IN SUBSTITUTE CARE	Due monthly by the last business day of the following month.	None - unless the home/facility was paid.
LONG TERM SUPPORT	Due monthly by the last business day of the following month.	1 year
FAMILY SUPPORT PROGRAM	Due annually by the last business day of February of the following year.	1 year
ALCOHOL AND OTHER DRUG ABUSE	Due quarterly by the last business day of April, July, October and February.	1 year
SUPPORTED EMPLOYMENT	Due semiannually for the months of February and August by the last business day of March and September.	1 year
MENTAL HEALTH	Due quarterly by the last business day of April, July, October and February.	6 months
BIRTH TO THREE	Due quarterly by March 30, June 30, September 30, and December 30.	1 year

* Form DDE-38, mentioned below, may be completed in place of the midyear reporting. However, data for the entire year is still due by the last business day of February.

** Recommended time period for reopening closed episodes.

Program data entered without optional dates will reflect activity in only one year (Origination Year). If such a program continues into the following year it must be re-entered to record that year's activity. If optional program dates (SPC Start Date and End Date) are used, the program remains open until the Program End Date is entered. In this case no re-entry of the program is necessary. It is expected that agencies reporting on-line will want to continue more frequent (daily or weekly) data entry to avoid keying backlogs and have up-to-date data available.

WHEN - HSRs SUMMARIES DDE-38 AND EXPENSE REPORTING DDE-942/943

The following forms are to be prepared by county agencies as indicated below:

FORM DDE-38 - Due July 30.

Exception: Agencies whose CORE client specific data is up-to-date on July 30 need not complete the DDE-38 form.

FORMS DDE-942/943 - Due July 30 and March 25 of the following year.

HSRS HANDBOOK AND TERMINAL OPERATOR'S GUIDE

The HSRS Handbook and Terminal Operator's Guide are both available on the Internet at <http://dhfs.wisconsin.gov/HSRS/index.htm> Paper copies are available from the SOS Desk.

SOS DESK

The SOS DESK is operated for reporting questions and/or problems related to the client specific reporting. These questions may include form completion, screen entry, programmatic concerns, assistance with problem cases, printout or output report content questions, and training requests.

SOS DESK

Hours: 9:00 - 11:30 AM
12:30 - 2:30 PM

Telephone: (608) 266-9198 (You may leave voice mail at other times and someone will return your call.)

Address: HSRS SOS Desk
1 W. Wilson Street
P.O. Box 7851, Room 851
Madison, Wisconsin 53707-7851

E-mail address: soshelp@dhfs.state.wi.us

FAX number: (608) 267-2437

Questions regarding fiscal reports (DDE-942/943) will be answered by Rosiemae Hunt at (608) 261-5987.

IT SERVICE DESK

The SERVICE DESK is operated for support and inquiry for any network user concerns or problems.

Its primary task is to respond to all user requests for assistance, general systems information, and information on procedural matters. The IT Service Desk should be called whenever a terminal, printer, or other piece of telecommunications equipment is not functioning properly. All problems with the network, whether they are hardware, application, telecommunications or response time should be reported to the IT Service Desk.

IT SERVICE DESK

Hours: 7:00 AM - 5:00 PM

Toll free telephone: (866) 335-2180

E-mail address: *hfs-help@dhfs.state.wi.us

Madison telephone: (608) 267-7775

TTY (262) 569-5350

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-31 (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements
of the State / County contract specified under the
Wisconsin Statutes. S. 46.031(2g)

CORE HUMAN SERVICES REPORTING SYSTEM

CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)				MODULE TYPE I				Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).			
Episode Key		1 Worker ID				2a Social Security Number				2b Client ID	
3a Last Name				3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy)		5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaskan Native		W = White		7 Client Characteristics					
OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)											
8a Street Address				8b City		8c State	8d ZIP Code	8e County		8f Telephone Number ()	
9 Start Date		10 Case Review Date		11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data	
CLIENT SERVICE - Screen 14											
Prog. No. (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date	22 SPC End Date	23 Provider Number		24 SPC Review Date (mm) (yyyy)	

Shaded areas optional.

*Days of care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.
Exclude SPCs 201, 203, 204 and 504 where days are calculated in the module.

CORE
HUMAN SERVICES REPORTING SYSTEM
MULTIPLE CLIENTS

CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)				MODULE TYPE I		Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).								
Episode Key		1 Worker ID			2a Social Security Number			2b Client ID						
3a Last Name			3b First Name		3c Middle Name			3d Suffix	4 Birthdate (mm/dd/yyyy) ____/____/____	5 Sex F M				
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander				7 Client Characteristics								
OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)														
8a Street Address				8b City		8c State	8d ZIP Code	8e County		8f Telephone () () () () () ()				
9 Start Date | | |		10 Case Review Date | | |		11 Diagnosis		12 Closing Date | | |		13 Closing Reason		14 Family ID	15 Local Data |			
CLIENT SERVICE - Screen 14														
Prog.No (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care*	19 Other Units	20 Delivery Date (mm) (yyyy)		21 SPC Start Date (mm) (dd) (yyyy)		22 SPC End Date (mm) (dd) (yyyy)		23 Provider Number		24 SPC Review Date (mm) (yyyy)	

Shaded areas optional.

*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease.
Exclude SPCs 201, 203, 204 & 504 where days are calculated in the module.

OVER

FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)

Episode Key		1 Worker ID		2a Social Security Number			2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy) ____/____/____	5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander			7 Client Characteristics				

OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)

8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone ()
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data			

CLIENT SERVICE - Screen 14

Prog. No.	16 SPC Cluster or Category	17 Target Group	18 Days of Care *	19 Other Units	20 Delivery Date (mm) (vvvv)	21 SPC Start Date (mm) (dd) (vvvv)	22 SPC End Date (mm) (dd) (vvvv)	23 Provider Number	24 SPC Review Date (mm) (vvvv)

FAMILY MEMBER / RELEVANT OTHER - CLIENT REGISTRATION - Screen 11 (New) or Screen 12 (Update)

Episode Key		1 Worker ID		2a Social Security Number			2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy) ____/____/____	5 Sex F M
6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American I = American Indian or Alaska Native W = White P = Native Hawaiian or Pacific Islander			7 Client Characteristics				

OPTIONAL DATA - Screen 11 (New) or Screen 12 (Update)

8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone ()
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data			

CLIENT SERVICE - Screen 14

Prog. No.	16 SPC Cluster or Category	17 Target Group	18 Days of Care *	19 Other Units	20 Delivery Date (mm) (vvvv)	21 SPC Start Date (mm) (dd) (vvvv)	22 SPC End Date (mm) (dd) (vvvv)	23 Provider Number	24 SPC Review Date (mm) (vvvv)

*Days of Care (Field 18) are required for SPCs in Clusters 700 - Community Residential Services, 900 - Inpatient and Institutional Care, and 925 - Institution for Mental Disease. Exclude SPCs 201, 203, 204 & 504 where days are calculated in the module.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The primary worker assigned to the client; or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

CODES: Enter the ten digit code identifying the primary worker (or provider).

SOCIAL SECURITY NUMBER (Field 2a)

OPTIONAL

CODES: Enter the client's 9 digit social security number.

CLIENT ID (Field 2b)

REQUIRED - COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 digit number which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

OR

Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 3a-d)

REQUIRED TO GENERATE ID - THEN OPTIONAL

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client. If the client has no legal first name, enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the last or first name, or any other punctuation marks are accepted.

BIRTHDATE (Field 4)

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.
Example - June 3, 1980 is 06031980.

SEX (Field 5)

REQUIRED

CODES: F = Female
M = Male

Field 6

HISPANIC/LATINO (Field 6a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 6b)

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaskan Native: All persons having origins in any of the original people of North, South and Central America.

CLIENT CHARACTERISTICS (Field 7)

REQUIRED

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three.

NOTES: Client characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected.

CODES:

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice client (adult only)
- 99 None of the above

SPECIAL CHILDREN'S SERVICES CATEGORIES

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order)

- 02 Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04 Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10 Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.
- 12 Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 14 Family member of mental health client - Includes family members and other significant persons who live in the household of a mental health client.
- 16 Family member of alcohol and other drug client - Includes family members and other significant persons who live in the same household of an alcohol and other drug client.

CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued

- 17 Intoxicated driver - Includes persons whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated or other offenses specified in Chapter 20, Laws of 1981, or a DOT referral for an irregular driving record.

- 18 Alzheimer's disease/related dementia - Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, Irreversible multiinfarct disease, Parkinson's disease, Pick's disease, Progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.

- 19 Developmental disability - brain trauma - Includes persons who have had a loss of neurological brain function due to an injury or illness.

- 23 Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.

- 25 Developmental disability - autism - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.

- 26 Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.

- 27 Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.

- 28 Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.

- 29 Family member of developmental disability client - Includes family members and other significant persons who live in the household of a developmental disability client.

- 32 Blind/deaf - Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.

- 33 Correction/criminal justice system client (adult only) - Includes persons who are currently involved in some phase of the correctional system including county jails, probation, parole, etc. Coding of this value is required only if known by local agency.

CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued

- 36 Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 39 Gambling client - Includes people with a persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits.
- 43 Migrant - Includes persons authorized to work in the U.S., who are not a relative by blood or marriage to their employer, and who occasionally leave an established place of residence to travel to another locality to accept seasonal or temporary employment in Wisconsin and who reside in quarters other than the employer's home during the period of employment.
- 44 Refugee - Includes persons who have fled their native country for fear of persecution.
- 45 Cuban/Haitian entrant - Includes all Cubans who arrived in the U.S. between April 2, 1980 and October 10, 1980. Also included are Haitians who were involved in Immigration and Naturalization Service proceedings on or before October 10, 1980.
- 50 Regular caregiver of dependent person(s) - Includes persons who care for one or more dependent people and need respite from their caregiver role.
- 55 Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57 Abused/neglected elder - Includes persons who are elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s.46.90.
- 59 Unmarried parent - Includes persons who are the acknowledged or alleged parent of a child who will be or has been born out of wedlock.
- 61 CHIPS - abuse and neglect - Includes children who are, or are alleged to be, abused and neglected. Child abuse is the physical injury of a child by other than accidental means under s.939.22(14) or sexual intercourse or contact with a child under s.940.225. Child neglect is when a person having temporary or permanent control over a child has neglected, refused or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.
- 62 CHIPS - abuse - Includes children who are, or are alleged to be, abused. See description of abuse under CHIPS - Abuse and Neglect, code 61.
- 63 CHIPS - neglect - Includes children who are, or are alleged to be, neglected. See description of neglect under CHIPS - Abuse and Neglect, code 61.
- 64 Family member of abused/neglected child - Includes family members and other significant persons who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under CHIPS - Abuse and Neglect, code 61.

CLIENT CHARACTERISTICS CODE DEFINITIONS (in numerical order) - continued

- 66 Delinquent - Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.
- 68 CHIPS - other - Includes children who are alleged to be, or have been found to be in need of protection and services under some s.48.13 sections. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under s.48.13 who are in the Status Offender Category defined in code 69.
- 69 JIPS - status offender - Includes children who are alleged to be, or have been found to be status offenders.
- 70 Family member of CHIPS - status offender - Includes family members and other significant persons who live in the household of children who are alleged to be, or are status offenders. See descriptions under JIPS, code 69.
- 71 Victim of domestic abuse - Includes persons who are the target of physical violence and/or emotional abuse occurring between individuals involved in an intimate relationship regardless of their marital status.
- 73 Family member of delinquent - Includes family members and other significant persons who live in the household of children who are alleged to be or are delinquent. See description under Delinquent, code 66.
- 74 Family member of CHIPS - other - Includes family members and other significant persons who live in the household of children who are alleged to be, or are CHIPS - Other. See description under CHIPS - Other, code 68.
- 79 Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 86 Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.
- 99 None of the above - Includes persons who do not fall into any other category listed above.

STREET ADDRESS, CITY, STATE, ZIP, COUNTY, TELEPHONE NUMBER (Field 8 a-d)

OPTIONAL

CODES: Address lines 1 and 2 are limited to 55 characters each. City is limited to 52 characters. Zip Code is limited to 9 characters.

COUNTY OF RESIDENCE CODES (Field 8e)

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		301	Residency Disputed
		302	State-At-Large
		303	Out-of-State

START DATE (Field 9)

OPTIONAL

DEFINITION: The date when a client began contact with the agency or the case was opened for this period of service (episode).

CODES: Enter an 8 digit number in the format of month/day/full year.

CASE REVIEW DATE (Field 10)

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

DIAGNOSIS (Field 11)

OPTIONAL

DEFINITION: The current diagnosis of the client's condition.

CODES: The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board Clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

<u>CODE</u>	<u>NAME</u>
	<u>Mental Illness</u>
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic psychoses
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
301	Personality disorders
302	Sexual deviations and disorders
306	Physiological malfunctions arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders following organic brain damage
311	Depressive disorders, not elsewhere classified
312.0	Unsocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere specified
313	Disturbance of emotions specific to childhood and adolescent
314	Hyperkinetic syndrome of childhood
316	Psychic factors associated with diseases classified elsewhere

DIAGNOSIS (Field 11) - continued

<u>CODE</u>	<u>NAME</u>
<u>Developmental Disabilities</u>	
299	Psychoses with origin specific to childhood
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy
<u>Alcoholism/Alcohol Abuse</u>	
291	Alcoholic psychoses
303	Alcohol dependent syndrome
305.0	Alcohol abuse
<u>Other Drug Abuse</u>	
292	Drug psychoses
304	Drug dependence
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid type abuse
305.6	Cocaine abuse
305.7	Amphetamine acting abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
<u>Physical Limitations</u>	
359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742	Other congenital anomalies of nervous system
742.3	Congenital hydrocephalus
784	Symptom involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

DIAGNOSIS (Field 11) - continued

<u>CODE</u>	<u>NAME</u>
<u>Other Disorder</u>	
316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition
<u>Presenting Problem</u>	
V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victims of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstance or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Childhood or adolescent antisocial behavior
<u>Administrative Categories</u>	
799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V70.7	Examination for normal comparison or control in clinical research

CLOSING DATE (Field 12)

OPTIONAL

DEFINITION: The date when the agency discontinued all activity in the case.

CODES: Enter the 8 digit date in the format month/day/full year.

CASE CLOSING REASON (Field 13)

OPTIONAL

DEFINITION: Reason that best describes why the client's case is being closed.

CODES:

01	Assessment complete/decision not to serve
02	Successful completion
03	Client referred
04	Client no longer wants service
05	Client relocated
06	Death of a client
07	Objectives not attained
08	Noncompliance with the program
09	Service not available
10	Court dismissal
11	Client no longer income eligible
12	Court order expired/client not income eligible
98	Other reason
99	Closed by system (no SPC activity for one year)

FAMILY ID (Field 14)

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B. Existing Family ID's which have an X as the second to last character were produced by the system when secondary clients were converted and reflect the former CSIS Primary/Secondary client relationship.

LOCAL DATA (Field 15)

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16)

REQUIRED

DEFINITION: The program category/cluster provided to the client.

CODES: SPCs may be reported by SPC Cluster group number, or by individual SPC number. Cluster is sufficient to meet state reporting requirements.

- 100 Child Day Care - crisis/respite
 - 101 Child Day Care - crisis/respite
- 104 Supportive Home Care
- 107 Specialized Transportation and Escort
- 300 Community Living/Support Services
 - 102 Adult day care
 - 103 Respite care
 - 106 Housing/energy assistance
 - 110 Daily living skills training
 - (111 Family support)
 - 112 Interpreter services and adaptive equipment
 - (113 Consumer education and training - LTS only)
 - 401 Congregate meals
 - 402 Home delivered meals
 - 404 Family planning
 - 406 Protective payment/guardianship
 - 604 Case management
 - (609 Consumer directed supports - LTS only)
 - (610 Housing counseling - LTS only)
- 400 Investigations and Assessments
 - 301 Court intake and studies
 - 603 Intake assessment
- 500 Community Support
 - 509 Community support
- 600 Work Related Services
 - 108 Work related services
 - (114 Vocational futures planning - LTS only)
 - 706 Day center services - nonmedical
- 615 Supported Employment

STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16) - continued

700 Community Residential Services

- 201 Adoptions (staff hours are optional)
- 202 Adult family home
- * 203 Foster home
- * 204 Group home
- 205 Shelter care
- 506 Community based residential facility
- 705 Detoxification - social setting
- (711 Residential care apartment complex - LTS only)

800 Community Treatment Services

- 303 Juvenile probation and supervision services
- 304 Juvenile reintegration and aftercare services
- 305 Restitution
- 501 Crisis intervention
- 507 Counseling/therapeutic resources
- 704 Day treatment - medical
- (710 Skilled nursing - LTS only)

900 Inpatient and Institutional Care

- 306 Juvenile correctional institution services
- 703 Detoxification - hospital setting
- 503 Inpatient
- * 504 Residential care center
- 505 DD centers/nursing home

925 Institution for Mental Disease

* PLEASE NOTE: Do not enter SPCs 203, 204, or 504 on Core (DDE-31) to report days of care for substitute care clients. (These SPCs may be entered on CORE using worker ID if you wish to record worker time. Otherwise, there is no need to do so.) These SPCs are computer generated from the Substitute Care module (DDE-27) using Type of Placement (Field 12) and Provider ID (Field 13).

NOTES:

Client specific reporting is not required on the following cluster. However, it may be used to do so on an optional basis.

200 Community Prevention, Access and Outreach

- 403 Recreational/alternative activities
- 408 Community prevention, organization and awareness
- 601 Outreach
- 602 Information and referral
- 605 Advocacy and defense resources
- 606 Health screening and accessibility

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

100 CHILD DAY CARE - CRISIS/RESPIRE

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

104 SUPPORTIVE HOME CARE

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and /or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, friendly visiting, and home health care. Includes payments to maintain an individual in the independent living arrangement. Counseling/Psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purposes of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

107 SPECIALIZED TRANSPORTATION AND ESCORT

The provision of transportation and transportation-related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

200 COMMUNITY PREVENTION, ACCESS AND OUTREACH (client reporting is optional)

The provision of services to populations at risk in the community. Activities include: seeking out persons likely to have a problem which can potentially be alleviated by the delivery of human services; handling individual inquiries for help; providing accessibility to community health programs; providing advocacy and defense resources to ensure rights to fair and just treatment; providing social/recreational integration activities; providing prevention activities to enhance the physical health and improve social and community functioning by making constructive changes in community conditions; providing public information and referral services to satisfy inquiries and to identify specific resources in the human service delivery system.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

300 COMMUNITY LIVING/SUPPORT SERVICES

Services providing support to clients in order to maintain a natural living arrangement or aid in the adaptation to physical, or communicative barriers. Skill development, adult day care, meal programs, respite care, interpreter services, adaptive equipment, housing and energy assistance, basic sustenance, monetary resources and the administration and coordination of services are all present in this program cluster.

400 INVESTIGATIONS AND ASSESSMENTS

The provision of service to clients that include: screening, assessment, diagnosis, case planning or determining the existence, or nature of a specific problem. Services include, child abuse and neglect investigation, reports to the court required under Chapters 48, 51, and 55 Wisconsin Statutes, assessments (IDP, COP, CAN) and those activities related to procedures established by juvenile court guidelines.

500 COMMUNITY SUPPORT

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients. These services may occur in natural or supportive service settings delivered by an identified provider and staff to ensure ongoing therapeutic involvement, reduce the disabling effects of mental illness or alcoholism, and assist clients to access and participate in the community.

600 WORK RELATED AND DAY SERVICES

Services delivered for the purpose of promoting vocational participation and self-sufficiency. Services may be delivered either in community settings including job placement sites or in rehabilitation facilities (e.g., sheltered work) and may include vocational counseling, or activities which promote participation in work or job placement services. Includes provision of day center services to persons with social, behavioral, mental, developmental, physical or alcohol and drug abuse disorders to develop skills necessary to participate in community life.

615 SUPPORTED EMPLOYMENT

Supported Employment is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported Employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with serious and persistent mental illness. Excludes welfare employment programs.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

700 COMMUNITY RESIDENTIAL SERVICES

The provision of services to clients in licensed foster homes, group homes, shelter care and community-based residential facilities including social detox, as well as to clients in certified adult family homes. Also includes adoption services. Includes any recruitment activity for substitute care placements. Adoption services reported here include: activities to recruit, screen and monitor adoptive family applicants; preparation, placement and supervision of children placed in adoptive family settings; and agency activities undertaken to legally free a child for an agency, independent, relative, stepparent or foreign adoption.

800 COMMUNITY TREATMENT SERVICES

The provision of treatment services in outpatient, and day service-medical settings, as well as supervision of juvenile justice clients in the community. These include:

1. Services to developmental disability and physical disability clients which are primarily health or treatment oriented for the purpose of ameliorating health problems. This includes occupational and physical therapy, speech and language therapies.
2. Services delivered by mental health outpatient and day treatment programs for the treatment of mental illness. Treatment services are for the purpose of ameliorating the effects of various mental disorders and to improve personal, social and family functioning.
3. The provision of services to youth in the juvenile justice system under formal or informal supervision, or in restitution programs. Services are designed to monitor behavior, prevent continued delinquent activity, strengthen family ties, assist in successful involvement in the community, and fulfill any obligations ordered by the court or other juvenile justice agency.
4. Services delivered by alcohol and other drug abuse outpatient and day treatment programs for the treatment of AODA. Treatment services are designed to improve personal, social, vocational and family functioning and prevent further deterioration of physical health. Includes outpatient services delivered under emergency conditions and methadone maintenance programs. Excludes outpatient assessments.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

900 INPATIENT AND INSTITUTIONAL CARE

Services delivered in institutional settings such as state mental health institutes, centers for developmental disabilities, hospitals, CBRFs certified as inpatient treatment programs, nursing homes with a certified AODA extended care component, residential care centers, and juvenile correctional institutions.

Services to mentally ill clients in either general hospitals or specialty hospitals for the treatment of nervous or mental disorders or in residential care centers. Inpatient treatment is for the purpose of providing treatment of mental disorders and eventually restoring health, personal and social functioning. Includes admissions for emergencies and evaluations.

Services delivered in four types of institutional settings; hospitals, CBRFs certified as inpatient treatment programs, RCCs and an AODA treatment component and nursing homes with a certified AODA extended care component. The objective of these programs is the treatment of persons with severe AODA dependency designed to improve health and personal, social, vocational and family functioning. Includes admissions for emergencies and evaluations. In the case of extended care, the objective is to assure the protection and safety of persons who exhibit the characteristics listed in the definition of chronic alcohol and other drug abusers allowing clients to stabilize in a safe, healthy, low stress environment which can also address their medical needs.

The objectives of these services are stabilization and/or amelioration of behavioral disorders and active treatment and rehabilitation for enabling return to the community in the shortest possible time. Included are the mandatory benefits of food and housing as well as custodial care, supervision, education and training, and counseling services.

925 INSTITUTION FOR MENTAL DISEASE

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

TARGET GROUP (Field 17)

REQUIRED

DEFINITION: Indicate the need and/or problem that best explains the primary reason the client is receiving services in a particular Standard Program Cluster/Category. Target Group describes why this service is being delivered to the client, and thus may vary by service.

Family members and relevant others being served in addition to the focal client, should be reported on HSRS with the appropriate Target Group Codes when these individuals have their own separate documentation with the agency. Such documentation normally involves a separate case plan, billings, notes, or treatment objectives. (NOTE: such documentation may be in a separate file or in the same file as the focal client's for ease of access.)

CODES:

01	Developmental disability
72	Family member/other of DD client
31	Mental health (DSS use only)
75	Family member/other of mental health client
18	Alcohol and other drug abuse (DSS use only)
74	Family member/other of AODA client
57	Physical or sensory disability
76	Family member/other of P/SD client
06	Delinquent and status offender
73	Family member/other of delinquent/status offender client
58	Adults and elderly
77	Family member/other of adult and elderly client
61	Abused and neglected children
78	Family member/other of child abuse and neglect client
64	Children and family

TARGET GROUP (Field 17) - continued

TARGET GROUP CODE DEFINITIONS

- 01 Developmental Disability
72 Family Member/Other of DD Client

Persons who are served in programs directed at the prevention, assessment, and/or treatment of a disability (and its effects) attributable to brain injury, cerebral palsy, epilepsy, autism, mental retardation, or another neurological condition closely related to mental retardation, or requiring treatment similar to that required for mental retardation, which has continued, or can be expected to continue, indefinitely and constitutes a substantial handicap. Persons having physical or sensory disabilities not attributable to one or more of the conditions cited above are excluded from this target group, but may be included in the target group for physically and sensory disabled if the services provided are focused on their disability or conditions resulting directly from their disability.

- 31 Mental Health
75 Family Member/Other of Mental Health Client

Persons who are served in programs directed at the prevention, assessment, and/or treatment of mental illness and its effects. Includes both adults with serious and persistent mental illness and children and adolescents with severe emotional disturbance each of whom are unable to independently perform essential personal and social roles appropriate to their age and require or receive treatment or supervision in order to carry out activities of daily living or to participate in community living. Community mental health programs are found in Administrative Rules HSS 61.71 - 61.98. Excludes persons under personal or family stress, or court supervision, for services provided by social services agencies.

- 18 Alcohol and/or Other Drug Abuse
74 Family Member/Other of AODA Client

Persons who are served in programs directed at the prevention, intervention, assessment, and/or treatment of Alcohol and Other Drug Abuse (AODA) or its personal and social effects. The objective of treatment and other services is to improve functioning in personal, social, vocational, and family roles or to prevent dysfunctions in these areas. AODA programs are found in Administrative Rules HSS 61.50 - 61.68 and HSS 62 and include services to the community for the prevention of AODA, to identify persons needing AODA treatment or to inform the public about AODA or the services available. Also includes services provided under the Intoxicated Driver Program, Intoxicated Boating Law (1985 Wisconsin Act 331), intoxicated use of snowmobiles or all-terrain vehicles and/or due to possession of certain controlled substances (1987 Wisconsin Act 339).

TARGET GROUP (Field 17) - continued

TARGET GROUP CODE DEFINITIONS - continued

- 57 Physical or Sensory Disability
76 Family Member/Other of P/SD Client

Persons under the age of 65, who are served in programs directed at the prevention, assessment, and/or treatment of a physical or sensory disability (and its effects) resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Sensory disabilities include significant or complete impairment of vision or hearing. Includes, but is not limited to, persons whose disability is due to AIDS, cancer, spinal cord injury, polio, muscular dystrophy and multiple sclerosis. Includes disabled children in foster or other substitute care whose principal reason for this placement is related to their physical or sensory disability. Excludes disabilities due to brain injury or other conditions found in the definition of developmental disabilities.

- 06 Delinquent and Status Offender
73 Family Member/Other of Delinquent/Status Offender

Persons who are served in programs directed at the prevention of delinquency and/or the assessment or supervision of juveniles referred to court intake due to allegation of delinquency, found to be delinquent, or who are alleged to be in need of protection or services due to any of the following noncriminal behaviors: parental or guardian petition due to the liability to care for, control or provide special treatment; truancy from school; truancy from home; petition filed by the juvenile attesting to the need for special care and treatment; commission of delinquent act by a juvenile under 12 years of age.

Excludes AODA or mental health assessments or treatment by providers meeting standards in administrative rules for such services. For such purposes the delinquent or status offender is classified under the AODA or Mental Health target group respectively.

- 58 Adults and Elderly
77 Family Member/Other of Adults and Elderly Client

Persons age 18 and over who are served in programs directed at prevention, assessment or services to improve physical or social functioning or to assist with activities of daily living; to preserve or restore the ability to live in a home like environment, or the ability to participate in community activities. Includes employment assistance; education and training for displaced homemakers; services to abused elderly; long-term support services to maintain elderly persons in their own home or home of another; and services to elderly to improve or maintain adequate health, nutrition, socialization or recreation. Includes frail elderly and others age 65 and over who are being served for reasons other than alcohol and other drug abuse, developmental disabilities, or mental illness. Includes persons served because of Alzheimer's disease. Excludes services to parents to improve child rearing skills, obtain child care, or improve parent-child relationships which are classified under the Children and Family target group. Excludes domestic abuse services which should be classified under the Children and Family target group.

TARGET GROUP (Field 17) - continued

TARGET GROUP CODE DEFINITIONS - continued

- 61 Abused and Neglected Children
78 Family Member/Other of CAN Client

Persons who are served in programs directed at the prevention, investigation, or treatment of child abuse and neglect. Abuse includes physical, sexual and/or emotional damage. Includes child abuse investigations and reports to the court. Parents, abusers, children, and collaterals (including reporters) may all be members of this target group if they otherwise meet the target group criteria. Persons receiving services subject to the provision of HSS 61-62 are members of other target groups depending upon the specific rule involved. Includes provision of substitute care and family reunification for persons in this target group. Includes provision of public information on the subject of child abuse and child neglect.

- 64 Children and Family

Persons who are served in programs directed at the prevention of family breakup, family reunification, and improved family functioning. Includes adoption and permanency planning for children to be placed in foster or adoptive homes as well as those in such placements. Includes services to unwed parents, homemaker services to improve home and financial management, services to improve the quality of in-home child care, and services to obtain and pay for child care. Includes services to victims of domestic abuse. Excludes: 1) children with physical disabilities receiving foster care or other substitute care because of their disability (see Physical and Sensory Disabilities), 2) status offenders classified under Delinquent/Status offender target group, 3) persons receiving services directed at ameliorating the effects of and preventing the reoccurrence of child abuse and neglect. The latter receive these services as member of the Abused and Neglected children target group, 4) AODA or Mental Health assessments or treatment by providers meeting standards in Administrative Rules for such services. For such purposes, the child or family member is classified under the AODA or Mental Health target group respectively.

DAYS OF CARE (Field 18)

REQUIRED

DEFINITION: The number of days of care provided in the following SPC Clusters:

-700 Community Residential Services

-900 Inpatient and Institutional Care

-925 Institution for Mental Disease

NOTES: Days reported through the Substitute Care Module should not be repeated here.

A worker whose only role is that of making and supporting a community residential, inpatient, or institutional placement may use these SPC clusters. Zeroes will default in Field 18 reflecting no contribution by the agency to the actual cost of treatment.

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

OTHER UNITS (Field 19)

OPTIONAL

DEFINITION: The number of program activity units the client has received other than days of care which are reported elsewhere. The type of units reported is at each agency's discretion and will have only local meaning.

CODES: The appropriate number of units. This is a five digit field with a maximum of two decimal places.

DELIVERY MONTH/YEAR (Field 20)

OPTIONAL

DEFINITION: The month and year during which units of an SPC were delivered. If SPC Start and End Dates are not used, it is the year of delivery of this SPC.

CODES: Enter a 6 digit number in the format month/full year.

DELIVERY MONTH/YEAR (Field 20)

OPTIONAL

DEFINITION: The month and year during which units of an SPC were delivered. If SPC Start and End Dates are not used, it is the year of delivery of this SPC.

CODES: Enter a 6 digit number in the format month/full year.

SPC START DATE (Field 21)

OPTIONAL

DEFINITION: The date on which delivery of this SPC actually began or is expected to begin.

CODES: Enter the 8 digit number in the format month/day/full year.

SPC END DATE (Field 22)

OPTIONAL

DEFINITION: The date on which service in this SPC ended.

CODES: Enter the 8 digit number in the format month/day/full year.

NOTE: If SPC Start Date and End Date are not entered, the SPCs must be reentered each year. If the entry is made after the year is past then delivery Month/Year must be coded to record the SPCs for the prior year.

PROVIDER NUMBER (Field 23)

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the client.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by calling the SOS Desk.

SPC REVIEW DATE (Field 24)

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

SUBSTITUTE CARE MODULE

GENERAL INFORMATION

The CHILDREN IN SUBSTITUTE CARE module was developed in response to state and federal reporting requirements. The Federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) required states to implement an information system which collects status, demographics, location, and a permanency plan for every child in substitute care. The law also requires states to monitor and evaluate the services and activities by state and county agencies for this population. Reports are submitted by each state to the federal Department of Health and Human Services or their designee on a regular basis. In addition, the State Legislature mandated that the Department of Health and Family Services develop an information system to track and monitor all children in substitute care with an emphasis on permanent placement for children with special needs.

The module also produces substitute care fiscal listings from information on the system. This fiscal listing has replaced the substitute care payroll reports.

The CSC module/KIDS interface which automates the referral of children in substitute care to the county Child Support Agency is now part of HSRs. (Screens and instructions are found in the Terminal Operator's Guide.)

REPORTING INSTRUCTIONS

Substitute Care

Reporting on this module on a monthly basis is required for children who live in a foster home, group home, or residential care center (RCC) with funding and/or placement services by the reporting agency. This also includes children placed in substitute care following a correctional institution placement and children placed with a non-legally responsible relative (NLRR) who is licensed as a foster home and receives a foster care payment. It is also used for a person placed in substitute care prior to reaching the age of majority (18), who is now over 18 and under 21 years of age, and continues in substitute care with funding from the reporting agency.

Each child in substitute care and their permanency plan must be reported on the module regardless of the state statute used to place the child. The Statutes include court ordered placements under Chapter 48, transfer of custody by a family court, Chapter 880 transfer of guardianship, and voluntary placement agreements.

You should enter a child on the module when he/she enters substitute care. If the client is already on the HSRs system (on CORE or any module), elements already reported need not be repeated again. A complete registration can be done on the module if the child is not already on HSRs. Reporting of the days of substitute care services will be done automatically on the module. These services should not be repeated on the DDE-31 form. However, if a child is receiving services in other standard program categories or clusters, these would need to be reported on the DDE-31 form. Examples of other services would be SPCs 304 Juvenile Reintegration and Aftercare Services, 507 Counseling Therapeutic Resources, and 201 Adoptions. Report changes or additions to any data element as they occur. Data on payments must be reported monthly.

Substitute Care Module Key

The SC module key is computer generated and identifies the case (child) and all the information associated with it. After the child is entered on the Substitute Care module in an on-line mode, the module key will be created and displayed on the screen. This screen may be printed to be used as an updatable document. The module key may be used to enter any changed information on the module. Its primary advantage is that it has fewer characters to enter than the child's name, birthdate, and sex or the Client ID.

CHANGES ONLY FIELDS

Transaction Type - U or E or Transaction Type - N or U

If you are using the DDE-27 form to add or correct data on the module, circle one of these codes so the terminal operator will know which to use when keying the information. Use the U to add new information (updating). Use the E for correcting previously entered incorrect information. On some screens the transaction types N and U are used. Use N for new information not yet on HSRS. Use the U only to correct data already entered on the system. NOTE: If a child has been closed from a substitute care placement and then reenters substitute care, the transaction should be new. Further details on the use of transaction codes for specific screens may be found in the Terminal Operator's Guide.

Change Date

Change Date is now a required element for changes in Permanency Plan, Legal Status, Type of Placement, Provider ID and Cost of Care Indicator. A Change Date is also required for most fiscal reporting.

Transfer Agency

When you are transferring a child in substitute care from your agency to another public, non-WiSACWIS social/human services agency, you complete Fields 14, Closing Date, and 15, Closing Reason. In Field 15, you enter code 09. To complete the transfer, an entry must be made in the Transfer Agency field of an appropriate agency reporting unit code (see Appendix G). Be sure the correct agency code is chosen. When the transfer is completed the episode in your agency has been closed and a new episode has been generated for the transfer agency.

There is a change in the procedure for handling CSC cases that transfer to another Reporting Unit (RU) if that RU is on WiSACWIS. This currently includes all State Region/District Offices, and some county offices. Counties will be included as they come up on WiSACWIS. You will know that an RU is on WiSACWIS because HSRS will not allow you to transfer the child to that RU.

Procedures for CSC Clients Transferring to an RU that uses WiSACWIS instead of HSRS for CSC Reporting.

1. Update the Cost of Care Indicator to a 07 (FH Accepts no payment) as of the date they are going to the WiSACWIS RU.
2. Close the client as of the date they are transferring with a Closing Reason 99 (code meaning they are transferring to a WiSACWIS RU).

If the client comes back to your RU at a later date, you should do the following.

1. On Screen 26, Transaction Code E, zero out the End Date and End Reason of your original episode. This will open the episode back up. If you cannot open your old episode, it probably means the episode was transferred to the other RU instead of being closed by the above instructions. Call the SOS Desk to resolve the problem at 608-266-9198.
2. On Screen 26, Transaction Code U, Change Date: the date they were originally transferred to the WiSACWIS RU, Provider #2299999999. This will create a placement in your episode, showing the time they were at the WiSACWIS RU.
3. On Screen 26, Transaction Code U, Change Date: the date they came back to your RU, the Provider Number they are at and Cost of Care Indicator to whatever is correct. This will get the child in the proper placement with the proper Cost of Care.

HSRS CHILDREN IN SUBSTITUTE CARE MODULE

REGISTRATION - Screen 25(A)N or 26(A) E/U

MODULE TYPE 2

1a Social Security Number				1b Client ID				2 Worker ID					
3a Last Name				3b First Name				3c Middle Name				3d Suffix	
4 Birth Date (mm/dd/yyyy) ____/____/____		5 Sex M / F	6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native				7 Client Characteristics		8 Permanency Plan			
9 Target Population	10 Legal Status	11 Initial Sub Care Placement Date ____/____/____		12 Type of Placement	13 Provider Number			14 Closing Date ____/____/____		15 Closing Reason			
16 School District (See Appendix F of HSRS Handbook)		17 Federal Financial Participation (FFP) Indicator R = Reimbursable N = Not eligible E = Eligible, not reimbursable P = Pending S = Eligible, receiving SSI				18 Cost of Care Indicator		19 Kinship Care		20 Ever Adopted? Y / N / U	21 Age When Adopted		
22 Last Review Date (post placement) ____/____/____		23 Last Dispositional Hearing Date (post placement) ____/____/____		24 Legal Status Expiration Date ____/____/____		25 Court Report Due Date ____/____/____		26 Court Warning Date ____/____/____					

CHILD AND FAMILY INFORMATION - Screen 25(B) N or 26(B) E / U

27 Child's Disability (Y / N) (clinical diagnosis) ____ Mental retardation ____ Visual / hearing impairment ____ Physical disability ____ Emotional ____ Other			28 Reason(s) For Removal From Caretaker's Home (Y / N) ____ Physical abuse ____ Sexual abuse ____ Neglect ____ Alcohol abuse (P) ____ Drug abuse (P) ____ Alcohol abuse(C) ____ Drug abuse (C) ____ Child disability ____ Child behavior ____ Death of parent ____ Parent jailed ____ Inability to cope ____ Abandonment ____ Relinquishment ____ Inadequate housing								
29 Caretaker Family Structure		30a 1st Caretaker Year of Birth		30b 2nd Caretaker Year of Birth		31 Termination of Parental Rights Date or Date of Parent's Death Mother ____/____/____ Father ____/____/____					
32 Sources of Support (Y / N) ____ Title IV-A (AFDC) ____ Title IV-D (Child Support) ____ Title XIX (MA) ____ SSI or Other Soc. Sec.						Print Screens 25A / B or 26A / B X					

FISCAL INFORMATION NOTE: May be reported here on Screen 28 N / U or on Fiscal Listing Screen 30 N / U

33 Supplemental Points Total		34 Exceptional Payment		Clothing Allowance					
				35 Amount		36 Date Paid ____/____/____		37 Provider Number	

CHANGES ONLY

Transaction Type N = New E = Error Correct U = Update		Change Date ____/____/____		Transfer Agency Code (See Appendix G of HSRS Handbook)				Module Key	
--	--	-------------------------------	--	---	--	--	--	------------	--

CHANGE DATE is required for changes to Permanency Plan, Legal Status, Type of Placement, Provider Number, FFP, Cost of Care, and Fiscal Information

OPTIONAL DATA - Screen 18

Street Address				City				State		Zip Code	
County		Telephone Number ()		Case Review Date ____/____/____		Diagnosis			Family ID		
Local Data						Shaded areas are optional					

(OVER)

KIDS INTERFACE INFORMATION

CHILD SUPPORT DATA Screen 63

Child's Name:

Module Key	1 Referral to CSA Y / N	2 Non-Referral Reason NFFP TEMP PAIL HARD	3 Paternity Established Y / N / U	4 Current Marital Status of Parents M = Married S = Separated W = Widowed D = Divorced N = Never married
5 Date of Marital Status ____/____/____	6 Marital Status County	7 Marital Status City	8 State	
9a Child's Permanent Address Street 1				9b Apartment
9c Street 2			9d City	
9e State		9f ZIP Code	9g Country	

PARENT REGISTRATION Screen 64

10 Parent No. 1	11 Social Security No. - -	12a Last Name	12b First Name	12c Middle Name	12d Suffix
13 Family Role M = Mother F = Father	14 Birthdate (mm/dd/yyyy) ____/____/____	15 Sex M / F	16a Hispanic / Latino Y = Yes N = No	16b Race (Circle up to five) A = Asian I = American Indian or Alaska Native B = Black or African American W = White P = Native Hawaiian or Pacific Islander	
17a Street 1					17b Apartment
17c Street 2			17d City	17e State	17f ZIP Code
17g Telephone Number ()	17h Country		18 Address Type (Circle one) M = Mailing R = Residence B = Both		
19 Parent No. 2	20 Social Security No. - -	21a Last Name	21b First Name	21c Middle Name	21d Suffix
22 Family Role M = Mother F = Father	23 Birthdate (mm/dd/yyyy) ____/____/____	24 Sex M / F	25a Hispanic / Latino Y = Yes N = No	25b Race (Circle up to five) A = Asian I = American Indian or Alaska Native B = Black or African American W = White P = Native Hawaiian or Pacific Islander	
26a Street 1					26b Apartment
26c Street 2			26d City	26e State	26f ZIP Code
26g Telephone Number ()	26h Country		27 Address Type (Circle one) M = Mailing R = Residence B = Both		

EMPLOYER / INSURANCE INFORMATION Screen 65

28 Parent No. 1 or 2	29 Employer Name	30a Street 1			
30b Street 2		30c City	30d State	30e Country	30f ZIP Code
31 Health Insurance Provided for Child Y = Yes N = No		32 Carrier Name	33 Policy Name		34 Group Number

GOOD CAUSE / COURT ORDER Screen 66

35 Parent No. 1 or 2	36 Good Cause Claimed Date ____/____/____	37 Granted Reason P = Granted - Proceed S = Granted - Do not proceed D = Denied	38 Granted Date ____/____/____	39 End Date ____/____/____	
40 Court Case Number	41 Court Order Date ____/____/____	42a Order County	42b City	42c State	
43 Place of Payment (Circle one) C = Court F = IV-D D = Direct		44 Debt Type (Circle one) CS = Child support FS = Family support		45 Support Amount \$ _____	46 Support Percentage
47 Payment Frequency (Circle one) WK = Weekly MN = Monthly SA = Semiannually BW = Biweekly SM = Semimonthly AN = Annually		48 Due Date ____/____/____	49 Last Payment Amount \$ _____	50 Last Payment Date ____/____/____	51 Arrearage Amount \$ _____

SOCIAL SECURITY NUMBER (Field 1a)

OPTIONAL

CODES: Enter the client's 9 digit social security number.

CLIENT ID (Field 1b)

COMPUTER GENERATED

DEFINITION: The unique identifier for each individual reported on HSRS and/or the CSC module that is computer generated. Three elements, (full legal name, birthdate, and sex) produce a 14 character ID which bears no resemblance to the client's name.

CODES: Appropriate 14 character ID generated for this client.

NOTES: If you have entered the child on the HSRS system previously (on CORE or any module) and have an ID number, enter that number rather than entering the name, birthdate, sex, and race.

WORKER ID (Field 2)

OPTIONAL

DEFINITION: The worker responsible for the child while in substitute care.

CODES: Appropriate 10 digit code from the agency's worker list.

NOTES: This is an optional item and need not be entered unless the agency wishes to receive printouts, listings, or reports which are split by individual workers or, for other reasons, wishes to identify a worker's caseload.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 3a-d)

REQUIRED

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

CODES: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blanks. No apostrophes, hyphens, slashes, dashes, spaces between letters within the last or first name, or any other punctuation marks are accepted.

May be left blank if the Client ID is used.

BIRTHDATE (Field 4)

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.
Example: June 3, 1998 is: 06031998

SEX (Field 5)

REQUIRED

CODES: F = Female
M = Male

HISPANIC/LATINO (Field 6a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

Field 6b

RACE (Field 6b)

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES:

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

CLIENT CHARACTERISTICS (Field 7)

REQUIRED

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Only one Client Characteristic is required, but up to three different characteristics may be selected when they apply.

CODES:

SPECIAL CHILDREN'S SERVICES CATEGORIES

61	CHIPS - abuse and neglect
62	CHIPS - abuse
63	CHIPS - neglect
64	Family member of abused/neglected child
69	JIPS - status offender
70	Family member of status offender
68	CHIPS - other
74	Family member of CHIPS - other
66	Delinquent
73	Family member of delinquent
19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown
86	Severe emotional disturbance - child/adolescent
02	Mental illness (excluding SPMI)
03	Serious and persistent mental illness (SPMI)
04	Alcohol client
05	Drug client
10	Chronic alcoholic
12	Alcohol and other drug client
17	Intoxicated driver
85	Severe health impairments
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physically disabled/mobility impaired
36	Other handicap
59	Unmarried parent
43	Migrant
44	Refugee
45	Cuban/Haitian entrant
99	None of the above

NOTES: Definitions can be found in the HSRS Core Client Characteristic section of this handbook.

PERMANENCY PLAN (PP) (Field 8)

REQUIRED

DEFINITION: The goal which will provide the most long-term and secure living arrangement for the child.

CODES:

- 1 - Return to natural family
- 2 - Placement with other relative
- 3 - Independent living
- 4 - TPR/adoption
- 5 - TPR/sustaining care
- 6 - Long-term foster care
- 8 - Plan not determined

- 1 Return to Natural Family: The plan is to return the child to the parent(s) home. All efforts are directed toward reuniting the family.
- 2 Placement With Other Relative: The plan is to place the child with a relative if no parent is available or if return to the natural family is not possible.
- 3 Independent Living: The plan is to allow the child to live independently under s.48.34(10) if return to the family has not been accomplished and the child is 17 years of age or older.
- 4 TPR/Adoption: The plan is to seek a permanent home for the child via adoption if return to the natural family has failed or the parent(s) voluntarily request termination of their parental rights.
- 5 TPR/Sustaining Care: The plan is to continue the child in foster care and a contractual agreement is being or has been developed with the foster family. All other plans above (codes 1 through 4) have not been able to be achieved or are not feasible.
- 6 Long-Term Foster Care: The plan is to continue the child in foster care and a contractual agreement is being or has been developed with the foster family. All other plans above (codes 1 through 5) have not been able to be achieved or are not feasible.
- 8 Not Determined: The plan has not been determined when the child enters substitute care. This code will be allowed only for a period of 60 days from the Initial SC Placement Date, Field 11.

NOTES: If the Permanency Plan changes, update this field to reflect the new plan. Enter the date of the change in the Change Date field.

TARGET POPULATION (Field 9)

REQUIRED

DEFINITION: The primary reason the child was placed in substitute care based on Chapter 48, Wisconsin Statutes.

CODES: 2 = CHIPS - abuse and neglect (61)
5 = JIPS - status offender (06)
1 = CHIPS - other (64)
3 = Delinquent (06)
4 = Child placed voluntarily pursuant to 48.63(1) (64)

NOTES: The figures shown in parentheses are the Target Group codes which appear on the services screen for children in substitute care. The Target Population codes are automatically converted to the comparable Target Group codes. A voluntary placement is allowable for only a six month period in a foster home and only 15 days in a group home following the initial substitute care placement date. No extensions are allowed and no other placement types may be used. If the Target Population changes, update Field 9 on the module.

LEGAL STATUS (Field 10)

REQUIRED

DEFINITION: The legal relationship which exists between the child and the agency during the child's stay in substitute care.

CODES: 1 = Voluntary placement
2 = Court ordered placement
3 = Legal custody
4 = Guardianship (excluding Chapter 880 guardianship)

NOTES: This field must be updated for any change in legal status during this period in substitute care. Enter the date of the change in the Change Date field. See above for details on the use of the voluntary placement code. The Guardianship code excludes a Chapter 880 guardianship for a child since this is a legal relationship with a foster parent or other person.

INITIAL SC PLACEMENT DATE (Field 11)

REQUIRED

DEFINITION: The date of the initial placement of the child into licensed substitute care for this current removal of the child from the home of a parent or relative.

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: This field does not change during the length of the child's stay in substitute care. It may be error corrected if the date was entered incorrectly.

TYPE OF PLACEMENT (Field 12)

REQUIRED

DEFINITION: The type of substitute care placement in which the child currently resides.

CODES:

- 1 = Foster home - non-relative
- 2 = Foster home - relative
- 3 = Pre-adoptive home
- 4 = Group home - unincorporated
- 5 = Group home - corporate
- 6 = Residential care center (RCC)

NOTES: This field must be updated for any change in placement type during the period the child is in substitute care. Use the Change Date to indicate the date of the change. An entry in this field is checked with the provider type on the HSRS Provider File for compatibility.

PROVIDER NUMBER (Field 13)

REQUIRED

DEFINITION: The assigned number for the home or facility where the child currently resides.

CODES: Appropriate ten digit number from the provider file.

NOTES: This field must be updated for any change in the home or facility where the child resides. Enter the change date (at the bottom of the form). Entries to this field and type of placement are used by the module to generate SPCs for the client. The provider number is checked with the HSRS Provider File and Type of Placement for validity and compatibility. Change Date becomes the End Date of the SPC representing the previous placement, and the Start Date of the SPC representing the new placement. These SPCs may be viewed on Inquiry Screen 86 by using the CSC episode key.

CLOSING DATE (Field 14)

REQUIRED, WHEN APPLICABLE

DEFINITION: The date the child leaves all substitute care arrangements with no plan for return and substitute care payment ends or the child transfers between public agencies (see NOTES).

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: The closing date for substitute care should also be used when the child transfers from one public social/human services agency to another, but the substitute care episode continues uninterrupted. When a child is being transferred to CFS, the closing date should be the date the termination of parental rights and guardianship transfer occurred.

CLOSING REASON (Field 15)

REQUIRED, WHEN APPLICABLE

DEFINITION: The reason the child is leaving substitute care. (See one exception in NOTES.)

CODES:

- 01 = Returned home
- 02 = Placement with relatives
- 03 = Adoption by relative
- 04 = Adoption by foster family
- 05 = Adoption by other non-relative
- 06 = Age of majority/completed education
- 07 = Death of child
- 08 = Runaway
- 09 = Transfer to other HSRS reporting unit
- 10 = Transfer to licensed private agency
- 11 = Transfer to DHFS and other state institutions (e.g. Ethan Allan, Lincoln Hills, Southern Oaks, Mendota, Winnebago, Centers for DD)
- 12 = Transfer to other facility not included in codes 09-11 above (hospital, detention, jail) or 99 below
- 13 = Independent living, but not 18 years old
- 99 = Transfer to WiSACWIS agency

NOTES: The exceptions to the definition of closing reason for substitute care are the 09 code, transfer to other HSRS reporting unit and the 99 code, transfer to WiSACWIS agency. These reasons should be used only when the child is transferred from one public social/human services agency to another, but the substitute care continues uninterrupted.

SCHOOL DISTRICT (Field 16)

REQUIRED

DEFINITION: The code for the school district where the foster home or facility is located.

CODES: Appropriate four digit code as assigned by the Department of Public Instruction (DPI). See Appendix F.

NOTES: This element must be coded on each child's case as it is opened. If a child moves to another home or facility, the school district must be updated if the home or facility is in a different district.

This information is used to generate a report to DPI which in turn reports to the federal government on the number of children in substitute care who are living in a given school district. Monies are returned to the school district via Title I.

FFP INDICATOR (Field 17)

REQUIRED

DEFINITION: An indicator of whether or not the costs of the child's care while in substitute care are reimbursable by Federal Financial Participation (FFP).

CODES: R = Reimbursable (eligible for FFP)
E = Eligible, not reimbursable
N = Not eligible
P = Pending
S = Eligible, receiving SSI

The P designation is to be used only if FFP eligibility has not been determined prior to sending a referral to the Child Support Agency (CSA) via the interface between the County DSS or HSD and CSA. As soon as the eligibility has been determined, this field must be updated to a R, E or N. For the purposes of fiscal reporting, all P codes will be shown as N.

NOTES: This information is available on the CFS-201 form under Reimbursement Determination Decision. This field now appears on screens 25 and 26 only and can be changed or corrected on Screen 26 only.

COST OF CARE INDICATOR (Field 18)

REQUIRED

DEFINITION: An indicator of whether or not the costs of the child's care should be included on the CSC module fiscal listing.

CODES: 01 = Receiving SC funds
02 = COP paid (entirety)
03 = CIP paid (entirety)
07 = FH accepts no payment
08 = Adoption assistance
09 = County funds
10 = AODA paid (entirety)

NOTES: Only children coded 01 will appear on the fiscal listing. Children with other codes are included on the module, but will not be shown on the fiscal listing. If no entry is made in this field, a code 01 will default when the child is entered on the module.

KINSHIP CARE (Field 19)

REQUIRED

DEFINITION: This code will identify those children who were involved with the Kinship Care program prior to entering a substitute care placement.

CODES:

- 0 = Does not apply.
- 1 = Identifies a child who enters substitute care when a relative first applies and after it is determined that a Kinship Care placement cannot be made for the child.
- 2 = Identifies a child who enters substitute care after being in a relative's home and circumstances change in the home so Kinship Care is no longer an option.

CHILD EVER ADOPTED? (Field 20)

REQUIRED

DEFINITION: Indicate if the child was ever adopted.

CODES:

- Y = Yes
- N = No
- U = Unknown

AGE WHEN ADOPTED (Field 21)

REQUIRED, IF APPLICABLE

DEFINITION: The age when a prior adoption was finalized. If the answer to the Child Ever Adopted Field (20) is Yes, this field must be entered.

CODES: Enter actual age using two digits.

LAST REVIEW DATE (Field 22)

REQUIRED, IF APPLICABLE

DEFINITION: The date of the last review done on the child's behalf regarding permanency planning and case progress following the child's placement in substitute care for this period of care. This may be either an administrative or a judicial review date.

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: This field must be updated as each review is completed. This field is used in our federal reporting to certify that the child's case is current.

LAST DISPOSITIONAL HEARING DATE (Field 23)

REQUIRED, IF APPLICABLE

DEFINITION: The date the last dispositional hearing was held following the child's placement in substitute care for this period of care.

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: This field must be updated each time a dispositional hearing is held. If this date is more recent than the date in Field 22, then enter this date both here and in Field 22.

LEGAL STATUS EXPIRATION DATE (Field 24)

OPTIONAL

DEFINITION: The date when the Legal Status Field 10 on the DDE-27 form will expire.

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: A date on or after the child's 18th birthday will not be accepted since legal status ceases at the age of majority. The date must be a future date.

COURT REPORT DUE DATE (Field 25)

OPTIONAL

DEFINITION: The date a report from the agency must be submitted to the court detailing case plans and progress for the child.

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: The date must be a future date.

COURT WARNING DATE (Field 26)

OPTIONAL

DEFINITION: The date the court warns the parent(s) that there may be grounds for termination of their parental rights to the child placed in substitute care and details the conditions necessary for the child to be returned to the home.

CODES: Enter the 8 digit date using month/day/full year format.

NOTES: The date must be prior to the current date.

CHILD'S DISABILITY (Field 27)

REQUIRED

DEFINITION: The child has been clinically diagnosed as having a disability:

Mental retardation
Visual and/or hearing impairment
Physical disability
Emotional disturbance (DSM IV or most recent edition)
Other medically diagnosed condition requiring special care (e.g.,
chronic illness, HIV positive, AIDS, etc.)

CODES: Y = Yes
N = No

NOTES: Enter a Y or N code for each disability type.

REASON(S) FOR REMOVAL FROM CARETAKER'S HOME (Field 28)

REQUIRED

DEFINITION: The reason(s) the child was removed from the caretaker home:

Physical abuse (alleged/reported)
Sexual abuse (alleged/reported)
Neglect (alleged/reported)
Alcohol abuse (parent)
Drug abuse (parent)
Alcohol abuse (child)
Drug abuse (child)
Child's disability (clinical diagnosis)
Child's behavior problem
Death of parent(s)
Incarceration of parent(s)
Caretaker's inability to cope due to illness or other reason
Abandonment
Relinquishment
Inadequate housing

CODES: Y = Yes
N = No

NOTES: Enter an N code for those which do not apply, and a Y code for those that do apply. At least one Y entry must be made. This field should not be updated.

CARETAKER FAMILY STRUCTURE (Field 29)

REQUIRED

DEFINITION: The family structure of the home from which the child was removed.

CODES: 1 = Married couple
2 = Unmarried couple
3 = Single female
4 = Single male
9 = Unable to determine

NOTES: The family structure pertains only to the caretaker(s) who are in the home and their situation at the time the child was removed from the home and placed in substitute care. This field should not be updated.

CARETAKER YEAR OF BIRTH (Fields 30A and 30B)

REQUIRED

DEFINITION: The full year of birth for each caretaker if applicable. The first caretaker should be the child's mother or female caretaker (if applicable).

CODES: Enter the four digit year of birth for each caretaker if applicable. If the year of birth is unknown, enter an estimated year of birth.

TERMINATION OF PARENTAL RIGHTS (TPR) DATES OR DATE OF PARENT'S DEATH (Field 31)

REQUIRED, IF APPLICABLE

DEFINITION: The dates that the court terminated the mother's and/or father's parental rights or the date of the parent's death.

CODES: Enter the eight digit termination of parental rights dates or dates of death using month/day/full year.

SOURCES OF SUPPORT (Field 32)

REQUIRED

DEFINITION: Sources of support:

Title IV-A - AFDC
Title IV-D - Child Support
Title XIX - Medicaid (Medical Assistance)
SSI or Other Social Security

CODES: Y = Yes
N = No

Enter a Y or an N for each one of these support sources.
Title IV-A will be pre-filled with an N code.

NOTES: Other sources such as IV-E and other payments will be derived from the FFP code and the Cost of Care Indicator. This field pertains only to the child's source(s) of support while placed in substitute care. The Title XIX code should be a YES code if the child is eligible, but not necessarily receiving benefits.

These fields must be updated if changes in support occur after the case is opened. This information is used in our Federal AFCARS reporting and must be accurate and current.

SUPPLEMENTAL POINTS TOTAL (Field 33)

REQUIRED, IF APPLICABLE - MAY BE REPORTED HERE IN POINT TOTAL OR ON FISCAL LISTING (SCREEN 30) IN A DOLLAR AMOUNT.

DEFINITION: The total number of points assigned to emotional, behavioral, and/or physical problems of a child to generate additional payment for the child in a foster or unincorporated group home. The child with points assigned exceeds the normal limits in need for care and supervision.

CODES: A two digit number. The minimum number is 04 and the maximum 36. The number must be a multiple of 4.

NOTES: The type of placement must be a foster home or unincorporated group home. Payments are not applicable for corporate group homes or residential care center placements.

EXCEPTIONAL PAYMENT AMOUNT (Field 34)

REQUIRED, IF APPLICABLE - MAY BE REPORTED HERE OR ON FISCAL LISTING (SCREEN 30).

DEFINITION: The amount of an additional payment to enable a child to remain in or to be placed in a foster or unincorporated group home rather than a more restrictive arrangement (e.g., institution, nursing home).

CODES: Appropriate 6 digit dollar and cents amount.

NOTES: The type of placement must be a foster home or unincorporated group home. Payments are not applicable for corporate group homes or residential care center placements.

CLOTHING ALLOWANCE AMOUNT (Field 35)

REQUIRED, IF APPLICABLE - MAY BE REPORTED HERE OR ON FISCAL LISTING (SCREEN 30)

DEFINITION: The amount of clothing allowance which was paid at the time of the child's initial placement into a foster or unincorporated group home.

CODES: Appropriate 5 digit dollar and cents amount with a minimum of 001.00 dollar and a maximum of 200.00 dollars.

NOTES: A total sum may be entered during the substitute care placement. However, if sums are disbursed over a period of time, the individual sums may be entered and will be accumulated to a single total.

Payments may be entered during the substitute care placement for any provider receiving the money regardless of whether the child is still in that home. If payment entries must be made after the case has been closed on the system, the case must be reopened and the entries made. The case should then be reclosed.

These payments are not applicable for corporate group homes or residential care center placements.

CLOTHING ALLOWANCE DATE PAID (Field 36)

REQUIRED, IF APPLICABLE

DEFINITION: The date the initial clothing allowance was paid by the agency. This date must correspond to the date the clothing allowance was actually paid to the foster parents.

CODES: Appropriate 8 digit date in the format of month/day/full year.

NOTES: If the sums are disbursed over a period of time, the date of each payment should be entered here.

PROVIDER NUMBER (Field 37)

REQUIRED, IF APPLICABLE

DEFINITION: The provider to whom the initial clothing allowance was paid.

CODES: A valid provider number for the foster or unincorporated group home which received the payment.

INFORMATION FOR FIELDS 33 - 37 IS AVAILABLE ON INQUIRY SCREEN 33/34.

FISCAL INFORMATION REPORTING METHODS

Fiscal information reported on the HSRS CSC Module replaces previous payroll reports. There are two main methods for reporting the information needed to produce the fiscal listings and reports. The options available to a local agency are dependent on the method chosen to report children in substitute care who are on their caseload. The base portion of the payment (Basic or Provider Rate) is stored in HSRS files and cannot be adjusted on CSC fiscal screens. Monthly amounts are prorated to each provider based upon length of stay.

There are two methods for reporting exceptional and supplemental fiscal amounts. In the first method, you enter monthly totals on Screen 28. The system prorates the amounts by the number of days the client was at each provider. The system also uses the entries for subsequent months, so no reentry is needed. In the second method, the worker must compute the proper payment amount for each provider for the month and enter it on Screen 30. This must be done each month. Method one is the preferred method.

The method chosen is partially dependent on the staffing and type of operation and structure within each agency. In Item 1 above, the person responsible for the child's case would either be aware of or determining the information to be entered on the entire form. Much of the fiscal information is internally generated from other factors so entries are minimal. **THE USE OF THIS METHOD IS THE PREFERRED WAY OF REPORTING.** In Item 2, the fiscal information would probably be entered by the business office staff from internal sources. There are more entries and manual computations to be completed. In either case, a complete, corrected listing would be produced by HSRS for the local agency and the Division of Management and Technology. Agencies may combine Options 1 and 2. If an agency is using Option 1 but wishes to change a provider's payment for a month, an entry to Screen 30 will override the Screen 28 entry for that month and provider only.

This information is used to produce reports for local, state, and federal needs.

FISCAL INFORMATION REPORTING INSTRUCTIONS

Agencies using Option 1 (on previous page) to report their fiscal data use the instructions for Fields 12, 13, 17, 18, 28-33 found earlier in this chapter.

Agencies using Option 2 to report their fiscal data must then complete columns 6-12 on the system using the following instructions. (Option 1 agencies who wish to make corrections to a specific month and provider may also follow these instructions.)

Agencies using either of these options may make entries of fiscal information for prior months which had not been reported previously. Screen 30 is used for this purpose. Enter the individual dates for each entry for a child in the MO/YR column. These entries will appear on the fiscal listing with the date in the PRIOR ACT'Y and the amount(s) in the appropriate column(s). These will follow the child's current fiscal entries or will appear alphabetically on the list if the child is no longer in substitute care.

SUPPLEMENTAL (Column 6)

If a child is in a foster or unincorporated group home for the entire month and receiving supplemental points, enter the total amount of the number of points multiplied by \$9.00. If the child was in care for a partial month, enter the prorated amount. Amounts can be changed in this field until the final fiscal listing has been produced.

EXCEPTIONAL (Column 7)

If a child is in a foster or unincorporated group home for the entire month and receiving an exceptional payment, enter the entire amount. If the child was in care for a partial month, enter the prorated amount. Amounts can be changed in this field until the final fiscal listing has been produced.

INIT. CLOTH. (Column 8)

Enter the cost of the initial clothing allowance paid during the month for the child in a foster or unincorporated group home. Only one entry total is allowed. More than one entry may be made if a different month is entered.

ADDITIONAL (Column 9)

Enter any additional amount for payments not covered by the basic rate, Supplemental or Exceptional payments, or Clothing Allowance.

TOTAL (Column 10)

Enter the total of columns 5-9. (Not entered on the screen, but used for checking purposes.)

REFUNDS (Column 11)

Enter any amounts received during the month to offset the costs of the child's care. The amount(s) should equal the total received from each source. Multiple entries for a child are allowed if each source code or month/year entry are different.

REFUND SOURCE (Column 12)

If an amount is entered in Refund Amount, a code must be entered here which describes the source of the money refunded or collected for the child's care. The codes are shown below and represent designations for DMT and CSA purposes.

SOURCE OF REFUND AND/OR COLLECTION CODES **DSS/HSD CODES**

- 01 Refund by substitute care provider
- 02 Special benefits (e.g., Social Security/Veterans Administration)
- 03 SSI benefits
- 04 Voluntary support
- 05 Court ordered support
- 18 Refund from special programs (COP, CIP, AODA)

CHILD SUPPORT CODES

- 07 Federal Tax Intercept - In State
- 08 Federal Tax Intercept - Out-of-State
- 09 State Tax Set-Off - In State
- 10 State Tax Set-Off - Out-of-State
- 11 Unemployment Compensation - In State
- 12 Unemployment Compensation - Out-of-State
- 13 Interstate Collection Project
- 14 Income Withheld - In State
- 15 Income Withheld - Out-of-State
- 16 Obligor Paid - In State
- 17 Obligor Paid - Out-of-State

The instructions for keying this information onto the HSRS CSC Module Screens 30 and 32 are found in the Terminal Operator's Guide.

FISCAL INFORMATION REPORTS SEQUENCE AND DESCRIPTION

Three preliminary listings are currently produced for each month: 1) on the 20th of the current month; and, 2) on the next to the last day of the current month; and, 3) on the 15th of the following month showing the situation for each child who is (or has been) active during that month. An agency may choose to receive any or all of these lists. The first two lists will be mailed to each agency as requested. The third (or last) preliminary can be viewed or printed only from EOS from the 16th through the 20th of that month. They are to be used as a worksheet to check the completeness and accuracy of their Module caseload. Additions, changes and corrections may be made and keyed until the final fiscal listing is run.

The final fiscal listing is produced on the first day of the second month following the month being reported. A copy of the list is sent to the local agency and one is also sent to the DMT Bureau of Fiscal Services in place of the payroll reports formerly required from counties. If these listings are incorrect, additions and corrections should be made to the child's module information as necessary. Only negative refunds and refunds for children closed prior to 1/1/87 may be manually reported on the fiscal listing with a copy being sent to DMT-BFS.

All of the above listings are also available for viewing and/or printing via EOS (Enterprise Output System) on your local terminal and printer.

The monthly fiscal listings for children in substitute care are combined into a single document. Children in foster homes or unincorporated group homes are listed in alphabetical order followed by an alphabetic listing of corporate group homes with each child listed alphabetically under the appropriate home. This is followed by the residential care centers arranged in the same manner as the group homes. There are subtotals for each section and a grand total at the end. The summaries for foster and group homes and RCCs are included at the end of the listing.

The final fiscal listing will include all the changes, corrections, or additions made during the month as well as the refunds and child support collections entered. Refunds received for a child no longer in substitute care and entered on the system will be integrated into the listing in the proper category and included in the grand total for the agency if he/she was active as of 1/1/87 or later. If active prior to that time, refunds should be entered manually and sent separately to the Division of Management and Technology. A listing will be generated which shows any child active on the module for that month and not included on the final document. The reason for non-inclusion will be shown. This listing should be used to change information on the system preferably prior to the production of the final fiscal listing by checking this list when received with one of the preliminary listings.

The Year to Date (YTD) fiscal listings are produced on a quarterly basis and are sent to each agency. The final YTD is run after the last monthly listing has been completed. The final YTD is usually run again after an agency has had an opportunity to make any additions or corrections. This YTD report is in the same format as the monthly fiscal listing.

A second type of YTD fiscal listing is available with complete fiscal information for each child on a month by month basis. This YTD Detail Report is available upon an agency's request. Currently, it is only produced at year end.

The following is a description of each column on the preliminary, final, and YTD fiscal listings:

Column 1: Contains the child's name, client ID, and CSC Module Key and the home or facility name and ID.

- Column 2: A result of the entry of fiscal information for a month which is prior to the month of the final report and was not previously reported. The month and year are shown here and the amount will be entered in the appropriate column.
- Column 3: An indicator of whether the cost of the child's care is eligible and/or reimbursable or not for Federal Financial Participation (FFP).
- Column 4: The number of days of care for the child in the home or facility during the report month. This value is determined from the SPC dates created from the module information and must be corrected there.
- Column 5: The amount of the basic Uniform Foster Care Rate (UFCR) based on the child's age, and prorated based on the number of days in care if less than the entire month.
- Column 6: The amount of money generated by multiplying the number of supplemental points assigned for the difficulty of the child's care by \$9.00 and prorated as in column 5. If an actual payment has been entered using Screen 30, then that figure is printed.
- Column 7: The amount of money approved for the child's care to prevent placement into a more restrictive living arrangement or to facilitate placement out of such a living arrangement (prorated as in column 5). If an actual payment is entered on Screen 30, then that figure is printed.
- Column 8: The amount of money paid for the child's clothing during the month being reported.
- Column 9: An amount of money paid for the cost of a child's case which is not accounted for in other columns of the listing. If this amount is entered on Screen 30, then it is printed.
- Column 10: The total cost of the child's care for one month. The amount will usually be the sum of any entries in columns 5-8 or the rate being paid for a child in a corporate group home or RCC. If this is not the amount actually paid, the appropriate components of this total should be adjusted.
- Column 11: The amount of any refund or collection which offsets the cost of the child's care. Each type of amount should be reported individually.
- Column 12: A code to identify the source of each refund shown in column 11. These include benefits, support, refunds, and collections for child support.

Columns 5 through 7 are prorated on the number of days of care in a particular home or facility for the child. Columns 11 and 12 must always be completed by the agency when applicable.

KIDS-HSRS INTERFACE

Per federal system certification requirements, KIDS has interfaced with the State's automated substitute care system (HSRS CSC Module). The interface provides a two-way exchange of data focusing in the following primary areas:

REFERRAL OF SUBSTITUTE CARE CASES TO IV-D AGENCIES

As of September 1996, substitute care cases are referred from county social/human services departments to county child support agencies via the interface between HSRS and KIDS. The HSRS Substitute Care Module was enhanced and contains four new screens to support the automated referral process. Data fields to capture information regarding the child's parents, an existing order for the child's support, health insurance coverage for the child, and good cause for noncooperation with IV-D are included on the new screens. The data fields that were added to HSRS are either federally mandated or exist on the old referral form. The automated interface will expedite the referral process so that IV-D enforcement processes can be implemented. In addition, the assignment of child support collections will occur in a more timely manner.

In addition, KIDS will disburse checks to the appropriate county department of social/human services for assigned support collections received for substitute care cases.

REPORTING CHILD SUPPORT COLLECTIONS AND COST OF CARE

At the end of each month HSRS will report to KIDS the cost of care for each child in a substitute care case referred to IV-D via the KIDS-HSRS Interface. KIDS will use this information to calculate the unreimbursed assistance total for each substitute care case. KIDS will issue a report to the appropriate county department of social/human services if it determines that a life of case refund should be sent to the custodial parent.

KIDS will generate summary reports of assigned substitute care collections received during the month. These reports will be used by county departments of social/human services for financial reconciliation purposes.

SUMMARY

In order for the KIDS-HSRS Interface to function effectively, all county departments of social/human services must use the CSC Module of HSRS to refer substitute care cases to IV-D and to report cost of care. In addition, the entry of referral and cost of care data in the Module must occur in a timely manner.

HSRS CHILDREN IN SUBSTITUTE CARE MODULE

REGISTRATION - Screen 25(A)N or 26(A) E/U

MODULE TYPE 2

1a Social Security Number				1b Client ID				2 Worker ID					
3a Last Name				3b First Name				3c Middle Name				3d Suffix	
4 Birth Date (mm/dd/yyyy) ____/____/____		5 Sex M / F	6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White				7 Client Characteristics		8 Permanency Plan			
9 Target Population	10 Legal Status	11 Initial Sub Care Placement Date ____/____/____		12 Type of Placement	13 Provider Number			14 Closing Date ____/____/____		15 Closing Reason			
16 School District (See Appendix F of HSRS Handbook)		17 Federal Financial Participation (FFP) Indicator R = Reimbursable N = Not eligible E = Eligible, not reimbursable P = Pending S = Eligible, receiving SSI				18 Cost of Care Indicator		19 Kinship Care	20 Ever Adopted? Y / N / U	21 Age When Adopted			
22 Last Review Date (post placement) ____/____/____		23 Last Dispositional Hearing Date (post placement) ____/____/____		24 Legal Status Expiration Date ____/____/____		25 Court Report Due Date ____/____/____		26 Court Warning Date ____/____/____					

CHILD AND FAMILY INFORMATION - Screen 25(B) N or 26(B) E / U

27 Child's Disability (Y / N) (clinical diagnosis) ____ Mental retardation ____ Visual / hearing impairment ____ Physical disability ____ Emotional ____ Other			28 Reason(s) For Removal From Caretaker's Home (Y / N) ____ Physical abuse ____ Sexual abuse ____ Neglect ____ Alcohol abuse (P) ____ Drug abuse (P) ____ Alcohol abuse(C) ____ Drug abuse (C) ____ Child disability ____ Child behavior ____ Death of parent ____ Parent jailed ____ Inability to cope ____ Abandonment ____ Relinquishment ____ Inadequate housing								
29 Caretaker Family Structure		30a 1st Caretaker Year of Birth		30b 2nd Caretaker Year of Birth		31 Termination of Parental Rights Date or Date of Parent's Death Mother ____/____/____ Father ____/____/____					
32 Sources of Support (Y / N) ____ Title IV-A (AFDC) ____ Title IV-D (Child Support) ____ Title XIX (MA) ____ SSI or Other Soc. Sec.						Print Screens 25A / B or 26A / B X					

FISCAL INFORMATION NOTE: May be reported here on Screen 28 N / U or on Fiscal Listing Screen 30 N / U

33 Supplemental Points Total		34 Exceptional Payment		Clothing Allowance					
				35 Amount		36 Date Paid ____/____/____		37 Provider Number	

CHANGES ONLY

Transaction Type N = New E = Error Correct U = Update		Change Date ____/____/____		Transfer Agency Code (See Appendix G of HSRS Handbook)		Module Key	
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CHANGE DATE is required for changes to Permanency Plan, Legal Status, Type of Placement, Provider Number, FFP, Cost of Care, and Fiscal Information

OPTIONAL DATA - Screen 18

Street Address				City		State		Zip Code	
County		Telephone Number ()		Case Review Date ____/____/____		Diagnosis		Family ID	
Local Data						Shaded areas are optional			

(OVER)

KIDS INTERFACE INFORMATION

CHILD SUPPORT DATA Screen 63

Child's Name:

Module Key	1 Referral to CSA Y / N	2 Non-Referral Reason NFFP TEMP PAIL HARD	3 Paternity Established Y / N / U	4 Current Marital Status of Parents M = Married S = Separated W = Widowed D = Divorced N = Never married
5 Date of Marital Status ____/____/____	6 Marital Status County	7 Marital Status City	8 State	
9a Child's Permanent Address Street 1				9b Apartment
9c Street 2			9d City	
9e State		9f ZIP Code	9g Country	

PARENT REGISTRATION Screen 64

10 Parent No. 1	11 Social Security No. - -	12a Last Name	12b First Name	12c Middle Name	12d Suffix
13 Family Role M = Mother F = Father	14 Birthdate (mm/dd/yyyy) ____/____/____	15 Sex M / F	16a Hispanic / Latino Y = Yes N = No	16b Race (Circle up to five) A = Asian I = American Indian or Alaska Native B = Black or African American W = White P = Native Hawaiian or Pacific Islander	
17a Street 1					17b Apartment
17c Street 2			17d City	17e State	17f ZIP Code
17g Telephone Number ()	17h Country		18 Address Type (Circle one) M = Mailing R = Residence B = Both		
19 Parent No. 2	20 Social Security No. - -	21a Last Name	21b First Name	21c Middle Name	21d Suffix
22 Family Role M = Mother F = Father	23 Birthdate (mm/dd/yyyy) ____/____/____	24 Sex M / F	25a Hispanic / Latino Y = Yes N = No	25b Race (Circle up to five) A = Asian I = American Indian or Alaska Native B = Black or African American W = White P = Native Hawaiian or Pacific Islander	
26a Street 1					26b Apartment
26c Street 2			26d City	26e State	26f ZIP Code
26g Telephone Number ()	26h Country		27 Address Type (Circle one) M = Mailing R = Residence B = Both		

EMPLOYER / INSURANCE INFORMATION Screen 65

28 Parent No. 1 or 2	29 Employer Name	30a Street 1			
30b Street 2		30c City	30d State	30e Country	30f ZIP Code
31 Health Insurance Provided for Child Y = Yes N = No	32 Carrier Name	33 Policy Name		34 Group Number	

GOOD CAUSE / COURT ORDER Screen 66

35 Parent No. 1 or 2	36 Good Cause Claimed Date ____/____/____	37 Granted Reason P = Granted - Proceed S = Granted - Do not proceed D = Denied	38 Granted Date ____/____/____	39 End Date ____/____/____	
40 Court Case Number	41 Court Order Date ____/____/____	42a Order County	42b City	42c State	
43 Place of Payment (Circle one) C = Court F = IV-D D = Direct		44 Debt Type (Circle one) CS = Child support FS = Family support		45 Support Amount \$ _____	46 Support Percentage
47 Payment Frequency (Circle one) WK = Weekly MN = Monthly SA = Semiannually BW = Biweekly SM = Semimonthly AN = Annually		48 Due Date ____/____/____	49 Last Payment Amount \$ _____	50 Last Payment Date ____/____/____	51 Arrearage Amount \$ _____

CHILD DATA

REFERRAL TO CSA (Field 1)

REQUIRED

DEFINITION: Used to indicate whether or not the substitute care case should be referred to the child support agency (CSA).

CODES: Y = Yes
N = No

NOTES: If No is entered, a Non-Referral Reason must be entered in Field 2.

NON-REFERRAL REASON (Field 2)

REQUIRED, WHEN APPLICABLE

DEFINITION: Indicates the reason why the substitute care case is not being referred to the child support agency.

CODES:

NFFP	Non FFP case; not required to be referred
PAIL	Parents income low
TEMP	Short-term substitute care
HARD	Hardship for the parent

NOTES:

PAIL -	The parents' financial resources are too low for a reasonable expectation of collection. Any parent who is eligible for (even if not receiving) public assistance should not be referred to the CSA. However, if one parent has an income above the public assistance eligibility level, the case should be referred even if the other parent's income is at or below the public assistance eligibility.
TEMP -	The DSS/HSD anticipates that the child will not be placed long enough for the CSA to pursue child support. If DSS/HSD anticipates, at the time the child is placed, that the child will remain in substitute care for six months or less, the substitute care case does not have to be referred to the CSA.
HARD -	The referral would not be in the best interest of the child, as determined jointly by DSS/HSD and the CSA. If a child support obligation would result in a documentable hardship, such as the family having to move from their residence, filing for bankruptcy, or not being able to maintain the home for their child's return, then the substitute care case does not have to be referred to the CSA. However, the "not in the best interest of the child" criteria should be used very rarely and should not be used to exclude cases that have a reasonable expectation of child support collection.

Confidential cases should be included in this code.

PATERNITY ESTABLISHED (Field 3)

REQUIRED, WHEN REFERRAL TO CSA (FIELD 1) IS CODED YES.

DEFINITION: The status of determination of the child's father.

CODES: Y = Yes, paternity has been established.
N = No, paternity has not been established.
U = Unknown if paternity has been established.

NOTES: If the parents are married to each other or divorced from each other, Y is the appropriate code to enter.

CURRENT MARITAL STATUS OF PARENTS (Field 4)

REQUIRED, WHEN REFERRAL TO CSA (FIELD 1) IS CODED YES.

DEFINITION: The current marital relationship of the parents to one another.

CODES: M = Married
D = Divorced
S = Separated
W = Widowed
N = Never married

DATE OF MARITAL STATUS (Field 5)

OPTIONAL

DEFINITION: The date the parents marital status occurred (e.g., the date of divorce).

CODES: Enter the eight digit number in the format of month/day/full year.

MARITAL STATUS COUNTY (Field 6)

OPTIONAL

DEFINITION: The name of the county in which the parent's marital status is recorded (e.g., county where the divorce action is officially recorded).

CODES: Enter up to twenty-five alphabetic characters (e.g., Outagamie).

MARITAL STATUS CITY (Field 7)

OPTIONAL

DEFINITION: The name of the city in which the parent's marital status is recorded (e.g., city where the divorce action is officially recorded).

CODES: Enter up to fifteen alphabetic characters (e.g., Appleton).

NOTES: If the marital status county was entered in Field 6, it is not necessary to enter the marital status city.

STATE (Field 8)

OPTIONAL

DEFINITION: The name of the state in which the parent's marital status is recorded (e.g., the state where the divorce action is officially recorded).

CODES: Enter the two letter U.S. Postal Service state abbreviation.

CHILD'S PERMANENT ADDRESS (Fields 9a-g)

OPTIONAL

DEFINITION: The primary address of the child prior to the substitute care placement.

CODES: Enter:

Street 1	up to 31 characters
Apartment	up to 5 characters
Street 2	up to 31 characters
City	up to 16 characters
State	2 characters
Zip Code	up to 9 digits
Country	up to 25 characters

PARENT DATA

PARENT NUMBER (Field 10)

OPTIONAL

DEFINITION: A number used to identify the parent for whom data is being entered.

CODES: 1 or 2

NOTES: It is suggested that the child's mother be entered as parent 1 and the child's father as parent 2. Once a number is selected to designate a parent, use the same number in any future transactions.

SOCIAL SECURITY NUMBER (Field 11)

OPTIONAL

DEFINITION: The parent's social security number.

CODES: Enter the 9 digit number.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 12a-d)

REQUIRED

DEFINITION: The full legal name of the parent.

CODES: Enter the full legal name of the parent. If the parent has no legal first name enter the word unknown; if no middle name and/or suffix, leave blank. If the name of the parent is not known, enter unknown in the last name field.

NOTES: Must be all letters. Last name limited to 20 letters. First name limited to 15 letters. Middle name limited to 15 letters. Suffix limited to 3 letters or blank. No apostrophes, hyphens, slashes, dashes, spaces, or any other punctuation marks between letters within the last or first name are accepted.

FAMILY ROLE (Field 13)

REQUIRED

DEFINITION: The relationship of the parent to the child.

CODES: M = Mother
F = Father

BIRTHDATE (Field 14)

OPTIONAL

DEFINITION: The parent's birthdate.

CODES: Enter the 8 digit birthdate of the parent using month/day/full year.

SEX (Field 15)

OPTIONAL

DEFINITION: The sex of the parent.

CODES: M = Male
F = Female

HISPANIC/LATINO (Field 16a)

OPTIONAL

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 16b)

REQUIRED

DEFINITION: The race of the parent as determined by the client. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African America: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

PARENT STREET ADDRESS, CITY, STATE, ZIP, TELEPHONE, COUNTRY (Fields 17a-h)

OPTIONAL

CODES:

Enter:

Street 1	up to 31 characters
Apartment	up to 5 characters
Street 2	up to 31 characters
City	up to 16 characters
State	2 characters
Zip Code	up to 9 digits
Telephone	10 digits (10 digits (area code and number)
Country	up to 25 characters

NOTES:

Complete as many of the fields as possible. It is only necessary to enter the country field if the parent lives outside the United States.

ADDRESS TYPE (Field 18)

OPTIONAL

DEFINITION:

Identifies whether the Parent's Address is a mailing address, a residence address, or both a residence and a mailing address.

CODES:

M = Mailing
R = Residence
B = Both

PARENT DATA

PARENT NUMBER (Field 19)

OPTIONAL

DEFINITION:

A number used to identify the parent for whom data is being entered.

CODES:

1 or 2

NOTES:

It is suggested that the child's mother be entered as parent 1 and the child's father as parent 2. Once a number is selected to designate a parent, use the same number in any future transactions.

SOCIAL SECURITY NUMBER (Field 20)

OPTIONAL

DEFINITION: The parent's social security number.

CODES: Enter the 9 digit number.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 21a-d)

REQUIRED - LAST NAME

DEFINITION: The full legal name of the parent.

CODES: Enter the full legal name of the parent. If the parent has no legal first name, enter the word unknown; if no middle name and/or suffix, leave blank. If the name of the parent is not known, enter unknown in the last name field.

NOTES: Must be all letters. Last name limited to 20 letters. First name limited to 15 letters. Middle name limited to 15 letters. Suffix limited to 3 letters or blank. No apostrophes, hyphens, slashes, dashes, spaces, or any other punctuation marks between letters within the last or first name are accepted.

FAMILY ROLE (Field 22)

REQUIRED

DEFINITION: The relationship of the parent to the child.

CODES: M = Mother
F = Father

BIRTHDATE (Field 23)

OPTIONAL

DEFINITION: The parent's birthdate.

CODES: Enter the 8 digit birthdate of the parent using month/day/full year.

SEX (Field 24)

OPTIONAL

DEFINITION: The sex of the parent.

CODES: M = Male
F = Female

HISPANIC/LATINO (Field 25a)

OPTIONAL

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

Field 25b

RACE (Field 25b)

REQUIRED

DEFINITION: The race of the parent as determined by the client. Code as many as apply up to all five.

CODES:

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

PARENT STREET ADDRESS, CITY, STATE, ZIP, TELEPHONE, COUNTRY (Fields 26a-h)

OPTIONAL

CODES:

Enter:

Street 1	up to 31 characters
Apartment	up to 5 characters
Street 2	up to 31 characters
City	up to 16 characters
State	2 characters
Zip Code	up to 9 digits
Telephone	10 digits (area code and number)
Country	up to 25 characters

NOTES:

Complete as many of the fields as possible. It is only necessary to enter the country field if the parent lives outside the United States.

ADDRESS TYPE (Field 27)

OPTIONAL

DEFINITION:

Identifies whether the parent address that was entered is a mailing address, a residence address, or both a residence and a mailing address.

CODES:

M = Mailing
R = Residence
B = Both

EMPLOYER/INSURANCE INFORMATION

PARENT NUMBER (Field 28)

OPTIONAL

DEFINITION:

A number used to identify the parent for whom data is being entered.

CODES:

1 or 2

NOTES:

It is suggested that the child's mother be entered as parent 1 and the child's father be entered as parent 2. Once a number is selected to designate a parent, use the same number in any future transactions.

EMPLOYER NAME (Field 29)

OPTIONAL

DEFINITION: The name of the parent's employer.

CODES: Enter up to 31 characters.

EMPLOYER ADDRESS (Fields 30a-f)

CODES: Enter:

Street 1	up to 31 characters
Street 2	up to 31 characters
City	up to 16 characters
State	2 characters
Country	up to 25 characters
Zip Code	up to 9 digits

NOTES: It is only necessary to enter data in the Country field if the parent's employer is outside the United States.

HEALTH INSURANCE PROVIDED FOR CHILD (Field 31)

OPTIONAL

DEFINITION: Used to indicate if the child is covered by private health insurance.
(Medicaid should not be considered when responding to this data field.)

CODES: Y = Yes
N = No

CARRIER NAME (Field 32)

OPTIONAL

DEFINITION: The name of the private health insurance carrier/provider.

CODES: Enter up to 31 characters (e.g., WPS).

POLICY NUMBER (Field 33)

OPTIONAL

DEFINITION: The number of the private health insurance policy.

CODES: Enter up to 15 characters.

GROUP NUMBER (Field 34)

OPTIONAL

DEFINITION: The group number of the private health insurance policy.

CODES: Enter up to 10 characters.

GOOD CAUSE/COURT ORDER

PARENT NUMBER (Field 35)

OPTIONAL

DEFINITION: A number used to identify the parent for whom data is being entered.

CODES: 1 or 2

NOTES: It is suggested that the child's mother be entered as parent 1 and the child's father as parent 2. Once a number is selected to designate a parent, use the same number in any future transactions.

GOOD CAUSE CLAIMED DATE (Field 36)

OPTIONAL

DEFINITION: The date the parent claims good cause for not cooperating with the child support agency.

CODES: Enter the 8 digit number in the format month/day/full year.

NOTES: This field should be completed only when the custodial parent files a claim with the county DSS or HSD that a referral to the child support agency would potentially cause physical and/or emotional harm to the child.

GRANTED REASON (Field 37)

OPTIONAL

DEFINITION: Indicate the results of the good cause claim as determined by the county DSS/HSD. The code entered in this field informs the child support agency if it may proceed with enforcement activities for the referred substitute care case.

CODES: P = Granted, proceed
S = Granted, do not proceed
D = Denied

GRANTED DATE (Field 38)

OPTIONAL

DEFINITION: The date that good cause for not cooperating with the child support agency was granted or denied.

CODES: Enter the 8 digit number in the format of month/day/full year.

END DATE (Field 39)

OPTIONAL

DEFINITION: The date that good cause is no longer in effect and the parent must begin to cooperate with the child support agency's enforcement activities.

CODES: Enter the 8 digit number in the format of month/day/full year.

COURT CASE NUMBER (Field 40)

OPTIONAL

DEFINITION: The number assigned by the court to the court case that contains an order for the child's support.

CODES: Enter up to 12 characters.

COURT ORDER DATE (Field 41)

OPTIONAL

DEFINITION: The date the court order was filed or rendered.

CODES: Enter the 8 digit number in the format of month/day/full year.

ORDER COUNTY, CITY, STATE (Field 42a-c)

OPTIONAL

DEFINITION: The location where the child support court order is filed.

CODES: Enter:

County up to 24 characters
City up to 16 characters
State 2 characters

NOTES: Use the U.S. Postal Service 2 letter state abbreviation.

Information regarding the county and state is of greatest use to the child support agency. There is no need to enter the city if there is data in the county field.

PLACE OF PAYMENT (Field 43)

OPTIONAL

DEFINITION: The entity that is ordered to receive payment of support from the child's non-custodial parent.

CODES: C = Court - Clerk of Court
F = IV-D - Child support agency
D = Direct - Directly to the child's custodial parent

DEBT TYPE (Field 44)

OPTIONAL

DEFINITION: The type of support the parent is ordered to pay.

CODES: CS = Child support
FS = Family support

NOTES: Family Support is a combination of child support and maintenance (i.e., alimony).

SUPPORT AMOUNT (Field 45)

OPTIONAL

DEFINITION: The amount of support ordered for the Payment Frequency (Field 47). The amount is contained in the support order (e.g., \$400.00 per month).

CODES: Enter up to 8 whole numbers and 2 decimal places representing the percentage of the dollar amount of support.

SUPPORT PERCENTAGE (Field 46)

OPTIONAL

DEFINITION: The percentage of the parents' gross income ordered to be paid for support. The percentage amount is contained in the support order (e.g., 17% per month).

CODES: Enter up to 3 whole numbers and 2 decimal places representing the percentage of the dollar amount of support.

PAYMENT FREQUENCY (Field 47)

OPTIONAL

DEFINITION: How often support for the child is required to be paid.

CODES: MN = Monthly
SM = Semi-monthly (twice a month)
WK = Weekly
BW = Bi-weekly (every two weeks)
QT = Quarterly
SA = Semi-annually
AN = Annually

DUE DATE (Field 48)

OPTIONAL

DEFINITION: The date the support is ordered to be paid.

CODES:

- a. 01-31 - If the order specifies payment on a particular day of the month.
- b. END - If the order specifies that payment is due the last day of the month.
- c. MON, TUES, WED, THU, FRI, SAT, SUN - If the order specifies that payment is due on a particular day each week.

LAST PAYMENT AMOUNT (Field 49)

OPTIONAL

DEFINITION: The dollar amount of the most recent support payment made.

CODES: Enter up to 8 whole numbers and 2 decimal places.

LAST PAYMENT DATE (Field 50)

OPTIONAL

DEFINITION: Date the most recent support payment was paid.

CODES: Enter the 8 digit number in the format of month/day/full year.

ARREARAGE AMOUNT (Field 51)

OPTIONAL

DEFINITION: The total of the past due amount owed for support.

CODES: Enter up to 8 whole numbers and 2 decimal places.

**ADOPTION SERVICES REPORT
DDE-22C**

GENERAL INFORMATION

All counties may now perform studies and investigations of foster parent or relative placements prior to the adoption of a child placed in their home.

REPORTING INSTRUCTIONS

If your agency does these adoptions, they must be reported on the Adoptions module using Form DDE-22C. This form requires more information than the stepparent adoption form. Most of the information should be entered at the time the placement becomes pre-adoptive and completed at the time the adoption is finalized or disrupted.

NOTE: Appropriate entries must also be made on the CSC module when this type of placement occurs. These may include changing the Type of Placement, TPR Date, Permanency Plan, Legal Status, Cost of Care Indicator (if applicable) , and the correct Closing Reason when the adoption is finalized.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-22C (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of
the State/County contract specified under the

Wisconsin Statutes. S. 46.031(2g)

RE: P.L. 96-272: Federal Regulations

HSRS ADOPTION SERVICES REPORT

Instructions: Send completed form to: HSRS - SOS Desk
P.O. Box 7851, Room 851
Madison, WI 53707-7851

1 Reporting Agency Number											
Screen B1 N, U, I											
MODULE TYPE 7											
2 Child's Birth Name Last First Middle Name Suffix					3 Birthdate (mm/dd/yyyy)		4 Birthplace <input type="checkbox"/> 1 WI <input type="checkbox"/> 2 Other State <input type="checkbox"/> 3 Other Country				
5 Sex F / M	6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native			7 ICWA Apply? Y = Yes N = No		8 Guardianship Agency Number				
9 Date Guardianship Began		10 Date Placed for Adoption		11 Date Placed in Home, if Different		12 Type of Adoptive Placement		13 Placement Agency Number			
14a Special Needs		14b If Code 4 was used in 14a Special Needs, enter Y (Yes) or N (No) for each disability. ____ Mental retardation ____ Visual and / or hearing impairment ____ Physical disability ____ Emotional disturbance ____ Other medically diagnosed condition requiring care									
15 Adoption Assistance? Y = Yes N = No		16 Supplemental Points - if Adoption Assistance <u>Physical</u> <u>Emotional</u> <u>Behavioral</u> (Circle one) (Circle one) (Circle one) 4 - 8 - 12 4 - 8 - 12 4 - 8 - 12			17 Is Child Part of a Sibling Group? Y = Yes N = No		18 No. of Siblings Placed Together		19 Adoption Assistance Amount MA Only Y / N Amt = \$ _____ Title IV-E Y / N		
Screen B2 N, U, I											
20 Placement End Reason			21 Placement End Date			22 County of Adoption Number			23 Child Placed <input type="checkbox"/> 1 In WI <input type="checkbox"/> 2 Out-of-State		
24 Birth Mother's Name Last First MI			25 Wed at Child's Birth? Y = Yes N = No U = Unknown		26 Birthdate		27a Hispanic / Latino Y = Yes N = No		27b Race (See Field 6b) A B P I W		
29 Birth Father's Name Last First MI			30 Paternity Established Y = Yes N = No		31 Birthdate		32a Hispanic / Latino Y = Yes N = No		32b Race (See Field 6b) A B P I W		
34 Adoptive Mother's Name Last First MI			35 Birthdate (mm/dd/yyyy)			36a Hispanic / Latino Y = Yes N = No		36b Race (See Field 6b) A B P I W		37 Adoptive Family Structure	
38 Adoptive Father's Name Last First MI			39 Birthdate (mm/dd/yyyy)			40a Hispanic / Latino Y = Yes N = No		40b Race (See Field 6b) A B P I W			
41 Child's Adopted Name Last First MI						42 Court Case Number					
Person Completing Form						Telephone Number ()					

OVER

ADOPTION SERVICES CODES**TYPE OF ADOPTIVE PLACEMENT (Field 12)**

- 1 Agency - relative
- 2 Agency - non-relative
- 3 Stepparent
- 4 Relative
- 5 Independent
- 6 Interstate
- 7 International

PLACEMENT AGENCY NUMBER (Fields 1, 8 & 13)

- 327 Adoption Advocates, Inc.
- 320 Adoption Choice
- 309 Adoption Option
- 306 Adoption Services, Inc.
- 368 Adoptions of Wisconsin, LLC
- 324 Bethany Christian Services
- 303 Catholic Charities / La Crosse
- 304 Catholic Charities / Madison
- 301 Catholic Charities / Milwaukee
- 313 Catholic Social Services / Green Bay
- 362 Children's Home Society of Minnesota
- 305 Children's Service Society of Wisconsin
- 328 Community Adoption Center
- 365 Crossroads Adoption Services
- 326 Evangelical Child and Family Agency
- 311 Hope International Family Services, Inc.
- 314 Latter Day Saints (LDS) Social Services
- 367 Lifelink Adoption Services
- 371 Love Basket, Inc.
- 318 Lutheran Counseling and Family Services
- 319 Lutheran Social Services of Wisconsin and Upper Michigan
- 370 PATH, Inc.
- 315 Pauquette Children's Services, Inc.
- 360 Special Beginnings
- 316 Special Children, Inc.
- 364 Sunshine International Adoption, Inc.
- 363 Van Dyke, Inc.
- 359 Out-of-state private agency
- 189 Out-of-state public agency
- 160 DHFS
- 170 Milwaukee County
- 180 Other county agency
- 400 Tribal agency
- 100 Not applicable

SPECIAL NEEDS (Field 14a)

- 1 Racial / original background
- 2 Age
- 3 Membership in a sibling group to be placed for adoption together
- 4 Medical condition or mental, physical or emotional disabilities
- 5 Other
- 9 No special needs

PLACEMENT END REASON (Field 20)

- 01 Adoption by stepparent
- 02 Adoption by relative
- 03 Adoption by foster family
- 04 Adoption by other non-relative
- 05 Transfer guardianship to another agency
- 06 Disruption
- 07 Death of child
- 08 Death of adoptive parent(s)

COUNTY OF ADOPTION (Field 22)

- | | | | |
|----|-------------|----|--------------|
| 01 | Adams | 38 | Marinette |
| 02 | Ashland | 39 | Marquette |
| 03 | Barron | 40 | Milwaukee |
| 04 | Bayfield | 41 | Monroe |
| 05 | Brown | 42 | Oconto |
| 06 | Buffalo | 43 | Oneida |
| 07 | Burnett | 44 | Outagamie |
| 08 | Calumet | 45 | Ozaukee |
| 09 | Chippewa | 46 | Pepin |
| 10 | Clark | 47 | Pierce |
| 11 | Columbia | 48 | Polk |
| 12 | Crawford | 49 | Portage |
| 13 | Dane | 50 | Price |
| 14 | Dodge | 51 | Racine |
| 15 | Door | 52 | Richland |
| 16 | Douglas | 53 | Rock |
| 17 | Dunn | 54 | Rusk |
| 18 | Eau Claire | 55 | St. Croix |
| 19 | Florence | 56 | Sauk |
| 20 | Fond du Lac | 57 | Sawyer |
| 21 | Forest | 58 | Shawano |
| 22 | Grant | 59 | Sheboygan |
| 23 | Green | 60 | Taylor |
| 24 | Green Lake | 61 | Trempealeau |
| 25 | Iowa | 62 | Vernon |
| 26 | Iron | 63 | Vilas |
| 27 | Jackson | 64 | Walworth |
| 28 | Jefferson | 65 | Washburn |
| 29 | Juneau | 66 | Washington |
| 30 | Kenosha | 67 | Waukesha |
| 31 | Kewaunee | 68 | Waupaca |
| 32 | La Crosse | 69 | Waushara |
| 33 | Lafayette | 70 | Winnebago |
| 34 | Langlade | 71 | Wood |
| 35 | Lincoln | 72 | Menominee |
| 36 | Manitowoc | 88 | Out-of-state |
| 37 | Marathon | | |

ADOPTIVE FAMILY STRUCTURE (Field 37)

- 1 Married couple
- 2 Unmarried couple
- 3 Single female
- 4 Single male
- 5 Stepparent

**ADOPTION SERVICES REPORT
DDE-22C
REPORTING INSTRUCTIONS**

FIELD #	DATA ELEMENT
1	<u>REPORTING AGENCY NUMBER</u> Enter your 3 digit reporting agency code. (Listed on back of form as Placement Agency Number.) DHFS Region or District and Milwaukee BMCW, enter the 4 digit Reporting Unit Code.
2	<u>CHILD'S BIRTH NAME</u> Enter the full legal name of the child. Nicknames, abbreviations, or other variations should not be used. If the child has no legal first name, enter the word Boy or Girl. Must be letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix maybe up to three letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the last or first name.
3	<u>BIRTHDATE</u> Enter the 8 digit birthdate using month/day/full year.
4	<u>BIRTH PLACE</u> Check the appropriate box.
5	<u>SEX</u> Circle the appropriate letter.
6a	<u>HISPANIC/LATINO</u> Circle Yes or No. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.
6b	<u>RACE</u> Circle as many as apply (up to all five). The race of the client as determined by the client, natural parent(s) or placing agency.
7	<u>ICWA APPLY?</u> Does the Indian Child Welfare Act apply? Circle the appropriate letter.
8	<u>GUARDIANSHIP AGENCY</u> Enter the 3 digit guardianship agency code. (Listed on back of form as Placement Agency Number.)
9	<u>GUARDIANSHIP BEGAN DATE</u> The date (8 digit) on which the court made the decision that the child's guardianship was transferred to an agency or person from the birth parents.
10	<u>DATE PLACED FOR ADOPTION</u> Enter the date (8 digit) that the agency and the foster or adoptive parents agree that the child is in the home on an adoptive basis.
11	<u>DATE PLACED IN HOME, IF DIFFERENT</u> Enter the date (8 digit) if the child was placed in the home on a basis other than adoptive. This would be entered in cases where the foster parents or a relative will be adopting or the child was placed independently.

- 12 TYPE OF PLACEMENT
Enter the 1 digit type of adoptive placement. (Listed on back of form.)
- 13 PLACEMENT AGENCY NUMBER
Enter the 3 digit placement agency number. (Listed on back of form.)
- 14a SPECIAL NEEDS
Describe the primary basis for the classification of a child as having special needs as determined by the State and as it applies to the adoption process.
1 = Racial/original background
2 = Age
3 = Sibling group to be placed together
4 = Medical conditions or mental, physical, or emotional disabilities (diagnosed by a qualified professional)
5 = Other
9 = Not applicable
- 14b If code 4 was used in 14a Special Needs, enter Y (yes) or N (no) for each disability: mental retardation, visual and/or hearing impairment, physical disability, emotional disturbance, other medically diagnosed condition requiring care.
- 15 ADOPTION ASSISTANCE?
Circle the appropriate letter.
- 16 SUPPLEMENTAL POINTS - IF ADOPTION ASSISTANCE
Circle one number in each category if it applies.
- 17 IS CHILD PART OF A SIBLING GROUP?
Circle the appropriate letter.
- 18 NUMBER OF SIBLINGS PLACED TOGETHER
Enter the 1 digit number.
- 19 ADOPTION ASSISTANCE AMOUNT
Enter a Y (yes) or N (no) code if the child is receiving a Medical Assistance payment only. If a Y code is used, enter up to 4 whole numbers and 2 decimal places representing the dollar and cents amount being paid as adoption assistance if it applies.
- TITLE IV-E
Enter a Y (yes) code if an adoption assistance payment is being made and that payment is claimed for Federal reimbursement under Title IV-E. Enter a N (no) code if the adoption assistance payment is not eligible for Title IV-E reimbursement or no adoption assistance payment is being made.
- 20 PLACEMENT END REASON
Enter the placement end reason code. (Listed on back of form.)
- 21 PLACEMENT END DATE
Enter the date (8 digit) the adoption was finalized in court or if any of the other end reasons occurred.
- 22 COUNTY OF ADOPTION NUMBER
Enter the 2 digit county of adoption number. (Listed on back of form.)

- 23 CHILD PLACED
Check the appropriate box.
- 24 BIRTH MOTHER NAME
29 BIRTH FATHER NAME
34* ADOPTIVE MOTHER NAME
38** ADOPTIVE FATHER NAME
Enter the full name using last name, first name, middle initial.
- 25 MOTHER WED AT CHILD'S BIRTH?
Circle the appropriate letter: Y (yes), N (no), or U (unknown).
- 26 BIRTHDATE
31 Enter the 8 digit birthdate using month/day/full year.
35*
39**
- 27a HISPANIC/LATINO
32a Circle Yes or No. All persons of Mexican, Puerto Rican, Cuban, Central or South
36a* American, or another Spanish culture or origin, regardless of race.
40a**
- 27b RACE
32b Circle as many as apply (up to all five). The race of the client as determined by the
36b client.
40b
- 28 TPR DATE
33 Enter the 8 digit termination of parental rights date using month/day/full year. Also
check appropriate box for type of termination.
- 30 PATERNITY ESTABLISHED?
Circle the appropriate letter.
- 37 ADOPTIVE FAMILY STRUCTURE
Enter a code which best describes the family structure at the time of adoption:
1 = Married couple
2 = Unmarried couple
3 = Single female
4 = Single male
5 = Stepparent
- 41 CHILD'S ADOPTED NAME
Enter the full adopted name of the child.
- 42 COURT CASE NUMBER
Enter the court case number (up to 8 characters).
- * 34 - 36b In stepparent adoptions, enter only if the child was adopted by the stepmother.
** 38 - 40b In stepparent adoptions, enter only if the child was adopted by the stepfather.

FAMILY SUPPORT PROGRAM MODULE

GENERAL INFORMATION

The Family Support Program assists families who have a child with severe disabilities living at home. The program provides a staff person in each service area to work with families helping them gain access to services and resources they need. In addition, limited funding of up to \$3,000 annually based on an individual family service plan may be available to eligible families to purchase those things that are needed that cannot be purchased through other sources. Family Support funds may be used for a wide range of services and goods based on the unique needs of each family. Parents play a major role in determining what is needed and purchased with FSP funds. The program is designed to meet the needs of the whole family, not just the children with a disability.

Reporting for the Family Support Program is required by s.46.985(3)(f), Wis. Stats. and HSS 65.05(9) Administrative Rules. Data from the reports provides information about the children and families served including the level of need of each child and information about risk factors in the family. In addition, the reporting tracks the use of Family Support dollars and shows other programs that families are using.

Data retrieved from these reports are used in preparation of the annual report for the Family Support Program required by s.46.985(2)(e), to be submitted to the governor and each house of the legislature. In addition, information from the FSP module is used for the purposes of planning for this and other programs serving children with disabilities at both the state and local levels. These data are used in development of county and state budget proposals and are made available upon request to other units of state and county government, community programs, and advocacy groups.

REPORTING FREQUENCY

Data from the FSP module must be entered at least once annually at the close of books after each calendar year. There is no requirement for monthly or semiannual updates, although the option to use the system on a monthly basis is available to counties.

The module provides the option for local agencies to monitor actual expenditures for each family on a monthly basis. An agency could use the system in this way to keep track of individual family and overall program service plans and to plan for expenditure of any unspent funds in the last quarter of the fiscal year.

Case Managers may begin to gather information at the time of the initial assessment and development of the service plan and/or at the six month review date. Basic information regarding the child and family remains on the system from year to year unless changes occur that require the information to be updated. Information that is required to be entered annually at the end of each year are the questions in Fields 28, 29, and 37.

Family Support Module Key

The FSP module key is computer generated and identifies the case (child) and all the information associated with it. As the child is entered for the first time on the Family Support module in an on-line mode, the module key will be created and displayed on the screen. This screen may be printed to be used as an updateable document. The module key should be used to enter any changed information on the module. Its primary advantage is that it has fewer characters to enter than the child's name, birthdate, and sex or the Client ID.

HSRS
FAMILY SUPPORT PROGRAM MODULE

Child and Family Information

Screen 59 New or 84 Update

MODULE TYPE 5

1 Worker ID		2 Client ID		3 MA Number / Social Security Number		
4a Last Name			4b First Name		4c Middle Name	4d Suffix
5 Birthdate (mm/dd/yyyy)		6 Sex F M	7a Hispanic / Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White		
(Module Key:)						
8 Start Date		9 End Date		10 Closing Reason		11 Alternate Care Type (Required if closing reason is 44) 1 Foster care 2 Group home 3 Child caring institution 4 Center developmentally disabled 5 Mental health institute 6 Nursing home
12 Client Characteristics		13 Diagnosis				
14 Assistance Needed for Personal Care 1 Child unable to help him / herself 2 Child needs assistance with some activities 3 Child does not need assistance			15 Limitations in Mobility 1 Child cannot walk 2 Child needs assistance in walking 3 Child does not need assistance in walking			
16 Limitations in Verbal Skills 1 Child is nonverbal 2 Child has very limited verbal skills 3 Child is fully verbal			17 Limitations in Cognitive Abilities 1 Child has severe developmental delays 2 Child has moderate / mild developmental delays 3 Child has no cognitive delays			
18 Emotional / Behavioral Issues 1 Child presents significant behavioral challenges 2 Child presents minor behavioral challenges 3 Child has no behavioral challenges			19 Medical Needs 1 Apnea monitor 2 Gastrostomy / tube feed 3 Tracheotomy 4 Oxygen dependent 5 Heart monitor 6 Acute psychiatric episode 7 Ongoing medications 8 Degenerative disorder 9 Surgery this year 10 Hospitalization this year			
20 Family ID	21 Number of Caregivers	22 Adopted Child Yes No		23 Parent's Special Needs 1 Developmentally disabled 2 AODA 3 Mentally ill 4 Physically disabled 5 Medical condition		
24 Income Range 1 0 - 10,000 2 10,001 - 15,000 3 15,001 - 20,000 4 20,001 - 30,000 5 30,001 - 40,000 6 40,001 +					25 Family Cost Share	

Screen 79

26 Has child returned from alternate care? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enter alternate care type: 1 Foster care 2 Group home 3 Child caring institution 4 Center for developmentally disabled 5 Mental health institute 6 Nursing home					
27 Reporting Year Registration 0000	28 Has family considered out of home placement? Yes No		29 Is family in a crisis situation? Yes No		
	Yes No		Yes No		
	Yes No		Yes No		
	Yes No		Yes No		
	Yes No		Yes No		
	Yes No		Yes No		

EXPENDITURES FOR FAMILY SUPPORT SERVICES

Screen 93 (Module Key: _____)								30 Next Review Date
31 Other Programs Used 1 AFDC 3 SSI 5 Katie Beckett 2 BCPN 4 SSI-E 6 Birth to 3			32 Voluntary Resources 1 _____ 2 _____					33 Target Group*
Progr. No.	34 Subprogram	35 Estimated Annual Costs	36 Cost Code A - Add S - Subtract R - Replace	37 Actual Costs	38 Delivery (mm) (yyyy)	39 Service Start Date	40 Service End Date	41 Provider Number
	A Architectural modification of home							
	B Child care							
	C Counseling / therapeutic resources							
	D Dental and medical care not otherwise covered							
	E Diagnosis and evaluation - specialized							
	F Diet, nutrition and clothing - specialized							
	G Equipment / supplies - specialized							
	H Homemaker services							
	I In-home nursing services - attendant care							
	J Home training / parent courses							
	K Recreation / alternative activities							
	L Respite care							
	M Transportation							
	N Utility costs - specialized							
	O Vehicle modification							
	P Other, as approved by DHFS							

42 Subprogram P, text:

* Refer to deskcard

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The worker collecting the Family Support Program data on the client.

CODES: Enter the ten digit code identifying the person collecting the data on the client.

NOTES: Must be 10 numbers. Must be a valid number from the HSRS Worker File.

This field may be used for the sorting and distribution of output reports.

CLIENT ID (Field 2)

REQUIRED, COMPUTER GENERATED

DEFINITION: A unique computer generated identifier for each individual reported on HSRS. Three elements, full legal name, birthdate, and sex produce a fourteen character identifier which bears no resemblance to the client's name.

CODES: Leave blank if name is reported.

OR

Enter the 14 character HSRS Client Identification Number - one letter followed by 13 numbers.

The ID will be generated and returned to you on the terminal screen. Copy ID down or print out the screen. Once the ID number is generated, use it on all future input.

MA OR SOCIAL SECURITY NUMBER (Field 3)

REQUIRED, IF APPLICABLE; SOCIAL SECURITY NUMBER IS OPTIONAL.

DEFINITION: The Medical Assistance identification number or Social Security number which has been assigned to this client.

CODES: Enter the client's 10 digit Medical Assistance number or the 9 digit Social Security number.

NOTES: If the child is eligible for Medical Assistance, enter the MA number.

Enter the Social Security number only when the MA number is not available.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a, 4b, 4c, 4d)

REQUIRED TO GENERATE ID (THEN OPTIONAL)

DEFINITION: The full legal name of the child. Nicknames, abbreviations or other variations should not be used.

CODES: Enter the full legal name of the child. If the client has no legal first name, enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes or spaces between letters within the last or first name, or any other punctuation marks are accepted.

BIRTHDATE (Field 5)

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.

Example - June 3, 1980 is 06031980.

SEX (Field 6)

REQUIRED

CODES: F = Female
M = Male

HISPANIC/LATINO (Field 7a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 7b)

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES:

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

START DATE (Field 8)

REQUIRED

DEFINITION: The date when the Family Support case was opened.

CODES: Enter an 8 digit number in the format of month/day/full year.
Example: October 3, 1989 is 10031989.

NOTES: The date the agency chooses to enter may be the date of the initial needs assessment, the date the family signs the service plan agreement or the date that services actually begin. The service manager has the option to choose whichever date is useful for records.

END DATE (Field 9)

REQUIRED

DEFINITION: The date the Family Support case is closed.

CODES: Enter the 8 digits representing the month/day/full year the case was closed.

NOTES: Must be 8 digits; must be earlier than or equal to the current date.

CLOSING REASON (Field 10)

REQUIRED

DEFINITION: The reason the case is being closed.

CODES: Enter the code that best describes why the client will no longer receive FSP funded services.

- 06 Death of a child
- 36 Insufficient funds to provide needed services
- 37 Child at home but family doesn't need services
- 38 Family no longer wants service
- 40 Temporary interruption in Family Support service
- 42 Family referred to other program(s)
- 43 Family relocated
- 44 Child placed in alternate care
- 45 Child no longer meets eligibility
- 46 Child transitions to adult living arrangement

NOTES: Must be one of the above codes. Initial entries (new) cannot be zeros (00). Zeros (00) can only be used to update previously entered codes for the purpose of reopening the case.

ALTERNATE CARE TYPE (Field 11)

REQUIRED, WHEN CODE 44 IN FIELD 10 IS ENTERED.

DEFINITION: The type of alternate care in which the child is placed at termination of FSP services.

CODES:

- 1 = Foster care
- 2 = Group home
- 3 = Residential care center
- 4 = Center for developmentally disabled
- 5 = Mental health institute
- 6 = Nursing home

NOTES: If code 44 is used in Field 10, type of alternate care must be entered.

CLIENT CHARACTERISTICS (Field 12)

REQUIRED

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three.

CODES: Enter up to three codes from the list below that best describe the child.

- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 85 Severe health impairments
- 86 Severe emotional disturbance
- 02 Mental illness
- 03 Serious and persistent mental illness
- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect

NOTES: At least one code must be entered in the first space. The code representing the client's primary need should be put in the first position. The code definition for 85 follows. The remaining code definitions can be found in the HSRS CORE Client Characteristics section of this handbook.

CLIENT CHARACTERISTICS CODE DEFINITIONS

- 85 Severe health impairments - Includes disorders of growth, eating, digestion, skeletal, muscular, cardiovascular, respiratory, biochemical, and others which result or are likely to result in severe delays in one or more areas of the child's development.

DIAGNOSIS (Field 13)

OPTIONAL

DEFINITION: The disability of the child as described by the physician.

CODES: Enter in narrative form the physician's description of the child's disability(ies).
Enter up to 30 characters.

ASSISTANCE FOR PERSONAL CARE (Field 14)

REQUIRED

DEFINITION: The level of assistance required by the child to perform self-care skills such as bathing, feeding, toileting. Ability to perform tasks related to self-care should be considered in relation to what is normally considered appropriate to the child's age.

CODES: Enter one code from the list below which best describes the level of care needed by the child.

- 1 Child unable to help him/herself
- 2 Child needs assistance with some activities
- 3 Does not need assistance

LIMITATIONS IN MOBILITY (Field 15)

DEFINITION: The level of assistance required by the child to perform gross motor activities which are considered appropriate to the child's age. For a child above 2 years old, gross motor activities can be measured by the ability to walk.

CODES: Enter one code from the list below which best describes the level of care needed by the child in performing gross motor activities.

- 1 Child cannot walk
- 2 Child needs assistance in walking
- 3 Does not need assistance in walking

NOTES: The use of the lay person's description of walking for gross motor activities is maintained in the codes as a shorthand for describing problems that occur when children are unable or delayed in physical development. For infants and toddlers, such physical delays or problems should also be coded in this shorthand. For example, if a child under 2 is able to perform gross motor skills appropriate to the child's age and the expectation is that the child will be able to walk by about age 2, enter code 3 (does not need assistance in walking).

LIMITATIONS IN VERBAL SKILLS (Field 16)

REQUIRED

DEFINITION: The ability to communicate vocally at a level appropriate to the child's age.

CODES: Enter one code from the list below which best describes the level of verbal ability of the child.

- 1 Child is nonverbal
- 2 Child has very limited verbal skills
- 3 Child is fully verbal

NOTES: If a child is under 2 years old and uses age appropriate sounds to communicate (such as crying or cooing), enter code number 3 - child is fully verbal, meaning that communication is appropriate to the child's age level.

LIMITATIONS IN COGNITIVE ABILITIES (Field 17)

REQUIRED

DEFINITION: The ability to function intellectually concurrent with adaptive behavior. A generalized understanding of cognitive abilities is based on major considerations for determination of mental retardation used by the public schools.

CODES: Enter one code from the list below which best describes the level of cognitive ability of the child.

- 1 Child has severe developmental delays
- 2 Child has moderate/mild developmental delays
- 3 No cognitive delays

NOTES: For children under the age of 3, cognitive delays may be measured by developmental milestones appropriate to the age of the child.

EMOTIONAL/BEHAVIORAL ISSUES (Field 18)

REQUIRED

DEFINITION: Emotional, social, and behavioral functioning that significantly interferes with the child's development including learning and developing skills in social interactions and interpersonal relationships.

CODES: Enter one code from the list below which best describes the emotional/behavioral condition of the child.

- 1 Child presents significant behavioral challenges
- 2 Child presents minor behavioral challenges
- 3 No behavioral challenges

MEDICAL NEEDS (Field 19)

REQUIRED, WHEN APPLICABLE

DEFINITION: The child has a condition which requires medical interventions including the ongoing use of technological supports and/or medications.

CODES: Enter up to 6 applicable codes from the list below which describe the medical interventions used to assist the child.

- 1 Apnea-monitor
- 2 Gastrostomy/tube feed
- 3 Tracheotomy
- 4 Oxygen dependent
- 5 Heart-monitor
- 6 Acute psychiatric episode
- 7 Ongoing medication
- 8 Degenerative disorder
- 9 Surgery this year
- 10 Hospitalization this year

FAMILY ID (Field 20)

REQUIRED, WHEN THERE IS MORE THAN ONE CHILD WITH DISABILITIES IN THE FAMILY.

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

NOTES: If there is more than one case manager in the agency, the Family Support Program coordinator or the case management supervisor should assign the numbers to all families who have more than one disabled child to avoid duplication of numbers for different families.

NUMBER OF CAREGIVERS (Field 21)

REQUIRED

DEFINITION: The number of people in the household who are responsible for caring for the child with disabilities.

CODES: Enter either 1 or 2.

NOTES: Usually those people considered responsible for the child are the parents. If only one parent is in the home and available for the care of the child overall, then enter 1. If there are two parents or surrogate parents, enter 2.

ADOPTED CHILD (Field 22)

REQUIRED

DEFINITION: The child has been adopted or will be adopted in the next 6 months by the family with whom the child is living.

CODES: Y = Yes
N = No

NOTES: If the child is with natural parents code No.

PARENTS' SPECIAL NEEDS (Field 23)

REQUIRED, WHEN APPLICABLE.

DEFINITION: Conditions of the parent or parents which make the care of a child with disabilities difficult or more complicated.

CODES: Enter up to 3 applicable codes from the list below which describe the condition of one or both parents.

- | | |
|---|------------------------------|
| 1 | Developmentally disabled |
| 2 | Alcohol and other drug abuse |
| 3 | Mentally disabled |
| 4 | Physically disabled |
| 5 | Medical condition |

NOTES: One or more codes may be entered regardless of whether or not the parent is receiving services as a result of their special needs.

INCOME RANGE (Field 24)

REQUIRED

DEFINITION: The annual income of the parent(s) responsible for the care of the child. Assets are not included.

CODES: Enter the range of income in which the family falls on the list below.

- | | |
|---|-------------------|
| 1 | \$ 0 - 10,000 |
| 2 | \$10,001 - 15,000 |
| 3 | \$15,001 - 20,000 |
| 4 | \$20,001 - 30,000 |
| 5 | \$30,001 - 40,000 |
| 6 | \$40,001 + |

NOTES: The income of the family will be recorded on line 14 of the Ability to Pay - Worksheet 1, when this cost sharing form, DDE-939, is completed for the family.

FAMILY COST SHARE (Field 25)

REQUIRED, WHEN APPLICABLE.

DEFINITION: The family's annual share of the cost of Family Support services.

CODES: Enter up to 5 digits representing the whole dollar amount that is the family's annual share of the cost of Family Support services.

NOTES: The family's cost share will be recorded either on line 22 or line 26 of the Ability to Pay - Worksheet 1, DDE-939. The system defaults to zero.

HAS CHILD RETURNED FROM ALTERNATE CARE? (Field 26)

REQUIRED, AT THE TIME OF REGISTRATION

DEFINITION: The alternate care placement history of the child this last year or sometime in the past. The child has returned from an out of home placement in a foster home, group home, or residential care center or from a state center for the developmentally disabled, a mental health institute, or nursing home.

CODES: Y = Yes
N = No

If Yes is entered, enter one code from the list below which describes the type of alternate care from which the child has returned.

- 1 Foster care
- 2 Group home
- 3 Residential care center
- 4 Center for developmentally disabled
- 5 Mental health institute
- 6 Nursing home

NOTES: At registration record the alternate care placement history. If the child has ever been placed in alternate care in the year prior to registration or anytime in the past, enter Yes and the type of alternate care used.

REPORTING YEAR (Field 27)

REQUIRED

DEFINITION: This field identifies the year for the questions in Fields 28 and 29, and is to be used at the time of registration and each year for year end reporting.

CODES: Enter the 4 digit year only, not month and day.

NOTES: Registration year is shown as 0000. The questions for registration are answered at the time a family enters the program. Once a family is participating in the program, the questions should be answered at the end of each year in which the family has received services. If a family starts the program in June 1991, questions in 28 and 29 would be answered both at the time of registration (year 0000) and then the end of service year (1991).

HAS THE FAMILY CONSIDERED OUT OF HOME PLACEMENT? (Field 28)

REQUIRED, AT REGISTRATION AND THE END OF EACH CALENDAR YEAR.

DEFINITION: The family has talked about the possibility that they might be unable to maintain the child at home and therefore, have thought about placing the child in alternate care.

CODES: Y = Yes
N = No

At the time of registration, enter Yes if the parents have expressed concern at that time or sometime in the past that they may need to place the child. (Yes may be entered even if the parents have not sought admission to out of home placement for the child.) In subsequent years answer the question for each year at the end of the reporting year.

IS THE FAMILY IN A CRISIS SITUATION? (Field 29)

REQUIRED, AT REGISTRATION AND THE END OF EACH CALENDAR YEAR.

DEFINITION: A period of time marked by high stress in the family. The stress may be caused by one or a number of factors including but not limited to: marital problems, poverty, single parent caring for child, more than one child with disability, child has a terminal condition, etc. The stress may be exaggerated by circumstances such as illness, birth of a child, divorce, etc. Worker judgment should be used in determining whether the family is experiencing crisis at the time of entry to the program or during the reporting year.

CODES: Y = Yes
N = No

NOTES: At registration enter Yes if the family was experiencing crisis at the time of entry to the program or anytime in the past. In subsequent years enter Yes if the family was experiencing crisis during the reporting year.

NEXT REVIEW DATE (Field 30)

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.
Example: May 9, 1989 is 05091989.

OTHER PROGRAMS USED (Field 31)

REQUIRED, WHEN APPLICABLE.

DEFINITION: Service and programs used by the family, other than Family Support, during the reporting year.

CODES: Enter all applicable codes from the list below which show the programs for which the child and/or family is eligible during all or part of the reporting year.

1	AFDC	Aid to families with dependent children
2	BCPN	Bureau for Children With Physical Needs
3	SSI	Supplemental security income
4	SSI-E	SSI with the exceptional rate
5	Katie Beckett	Medical Assistance (MA) without regard to the income of parents
6	Birth to 3	Early intervention program for children ages birth to 3 years

NOTES: Only one SSI program may be coded, not both.

VOLUNTARY RESOURCES (Field 32)

OPTIONAL

DEFINITION: Voluntary community resources used to assist the family other than Family Support services and the programs listed under OTHER PROGRAMS USED.

CODES: Enter up to 2 written descriptions of other resources used. Enter up to 20 characters in each description.

NOTES: Examples of voluntary community resources include Easter Seals, church fund raisers, telethon, etc. Do not list other public programs such as public school special education or county provided services such as Respite or Birth to 3 early intervention. Do not list private insurance.

TARGET GROUP (Field 33)

REQUIRED - THE FIRST TIME A REPORT IS FILED FOR THE PARTICIPANT, WHEN A SUBPROGRAM IS ADDED, AND WHENEVER THERE IS AN UPDATE TO TARGET GROUP.

DEFINITION: Indicates the need and/or problem that best explains the primary reason the child is receiving services.

CODES:

01	Developmental disability
31	Mental health
57	Physical or sensory disability

NOTES: Enter appropriate code the first time a report is made for a Family Support participant and whenever there is an update.

The code definitions can be found in the HSRS CORE Target Group section of this handbook.

SUBPROGRAM (Field 34)

REQUIRED - ANNUALLY FOR EACH SUBPROGRAM IN WHICH SERVICES WERE DELIVERED TO THE FAMILY.

DEFINITION: The services used by the family that are funded by Family Support.

CODES: Use the line on the form with the appropriate subprogram.

A	Architectural modifications of home
B	Child care
C	Counseling/therapeutic resources
D	Dental/medical care not otherwise covered
E	Diagnosis and evaluation - specialized
F	Diet, nutrition, and clothing - specialized
G	Equipment/supplies - specialized
H	Homemaker services
I	In-home nursing services/attendant care
J	Home training/parent courses
K	Recreation/alternative activities
L	Respite care
M	Transportation
N	Utility costs - specialized
O	Vehicle modification
P	Other as approved by DHFS

SUBPROGRAM CODE DEFINITIONS

The Family Support Program provides funding to families to purchase supportive services and goods not covered through other funding sources. The program is based on the belief that parents of children with severe handicaps know their own needs and those of their disabled child. For this reason, and because of the individuality of each family, goods and services available through the program have been very broadly defined, leaving considerable leeway for families to choose whatever will help to maintain the child in their home. Any service, or any portion of a service, that is documented as needed in a family's service plan, and that is approved by the administering agency, may be funded within the following categories:

- A Architectural Modifications of the Home - Examples include ramps, door widening, room additions, room divider, stairglide, backyard fence, bathroom modifications for accessibility, ceiling lift system, elevator parts, pulley for outdoor ramp.
- B Child Care - For example, after school programs, child day care costs, or a family's share of such costs, child care for siblings so parents could spend time alone with their child who has a disability.
- C Counseling/Therapeutic Resources - For example, occupational, physical, speech and behavior management therapies for the child with disabilities, other counseling and therapeutic resources for the child and other family members.
- D Dental/Medical Care Not Otherwise Covered - For example, costs for dental care not covered by the family's insurance or Medical Assistance, costs for insurance premiums.
- E Diagnosis and Evaluation-Specialized - For example, specialized diagnosis or evaluation of the child, genetic counseling for the parents and siblings.
- F Diet, Nutrition, and Clothing-Specialized - For example, specially prepared foods, specially made clothes and footwear, also includes clothes needing replacement often due to the child's special needs.
- G Equipment/Supplies-Specialized - For example, equipment personal to the child such as positioning boards and special chairs, water or hospital beds, computers or communication boards, and also specialized household equipment such as an air conditioning unit or air purifier to help a child who has breathing problems, intercom for nap or nighttime monitoring, etc. Also includes equipment to help the child participate in family activities such as a large bicycle trailer or car seats so the child can attend family outings.
- H Homemaker Services - Examples include home chores, cooking, cleaning and managing finances.
- I In-Home Nursing Services/Attendant Care - For example, help in feeding a child who requires four hours a day to feed, attendant services for a young adult, help with bathing.
- J Home Training/Parent Courses - Includes training provided to parents in or out of the home, for such things as behavior management, advocacy for the child, helping the child to toilet train, teaching therapy skills, etc.

SUBPROGRAM CODE DEFINITIONS - continued

- K Recreation/Alternative Activities - Includes primarily those activities aimed at the social integration of the child. For example, fees for community recreation programs, scouting programs and may also include recreation opportunities for the family as a whole. Examples are family membership in the local YMCA or Boys Club and program fee for family recreation or camping.
- L Respite Care - Includes services provided in or out of the home to relieve the parents of the continued stress of caring for the child. May also include recreational activities of the family with the child (e.g., if a family is unwilling to leave their child in another's care because of the child's special needs, respite may be purchased for the family as a whole).
- M Transportation - Includes gas (or mileage), food and lodging, which follows standard county or state guidelines for use. Transportation may be used for trips to doctors, local recreation programs and other community activities.
- N Utility Costs-Specialized: Includes long-distance telephone calls to doctors and other resources, supplemental heating and air conditioning costs.
- O Vehicle Modification - For example, van lifts, ramps, tie-downs.
- P Other Goods and Services - Services or goods requested by families generally will fit within the fifteen categories specified above. However, if a family requests a service or item which does not fit these categories, the agency may request approval for the family's request from the state Developmental Disabilities Office.

Any of these services may be funded fully or in part with Family Support dollars. Funds may be coupled with resources from other programs or with the family's own resources. For example, the program may provide funding for materials to build a small indoor elevator, while family members provide the carpentry and electrical work. Another example is the purchase of high cost items such as room additions or vehicles. It is possible to use a combination of funding sources for these purposes such as Community Options Program, Family Support and the family's own resources. On the expenditure form, however, record only the estimated and actual costs to the Family Support Program.

ESTIMATED ANNUAL COST (Field 35)

OPTIONAL

DEFINITION: From the initial needs assessment, the estimated annual dollar amount that would be needed from the Family Support Program in each subprogram category for the service requested.

CODES: Enter up to 4 digits representing the whole dollar amount estimated as needed for services in the specific subprogram categories.

NOTES: Enter at the time of the initial assessment and development of the service plan. May be used to track actual expenditures against the original budget amount.

COST CODE (Field 36)

REQUIRED TO ADJUST ACTUAL COSTS ON AN ANNUAL OR MONTHLY BASIS.
(DEFAULTS TO ADD IF NO ENTRY IS MADE.)

DEFINITION: The function used to complete current actual costs in any subprogram category.

CODES: A = Add
S = Subtract
R = Replace

NOTES: A - For the first time entry of monthly or annual costs, use the add code to enter the amount.

Also use the add code if additional costs are to be entered for the month (or year) when a previous entry had been made. Enter the additional costs.

S - Use the subtract code if services are subsequently reimbursed through some other source after Family Support payments have been made. Enter the amount of the reimbursement.

R - Replace is used if a new entry is made for a month or year to replace the old value.

ACTUAL COST (Field 37)

REQUIRED ANNUALLY, WITH OPTIONAL MONTHLY RECORDING CAPABILITY.

DEFINITION: The total actual expenditures of Family Support Program dollars in each subprogram category.

CODES: Enter up to five whole numbers and two decimal places representing the dollar amount actually expended for service in applicable subprogram categories.

NOTES: Actual expenditures may be reported and updated on a monthly basis, or a total dollar amount in each subprogram category may be reported once at the close of the reporting year. If monthly reporting is begun for a year, and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before annual cost amounts can be entered and vice versa.

If there is more than one child in a family, enter actual expenditures for family needs only on the report of the child whose Family ID number (Field 22) uses A as the final character. Do not duplicate expenditure reports on each child's form.

If the child is also in the LTS program with Family Support match funding, report the total costs on both the FSP and LTS modules.

DELIVERY, MONTH AND YEAR (Field 38)

REQUIRED

DEFINITION: The month and full year in which the entered costs were incurred.

CODES: Enter 6 digits representing the month and full year.

NOTES: The date should coincide with the month and year in which expenditures were authorized. If funds are authorized at the end of a calendar year for expenditures during that year, date the actual expenditures in that year even if payments are finally made in January or February of the following year.

Leave the month field blank if entering total annual costs and not using the optional monthly feature.

SERVICE START DATE (Field 39)

OPTIONAL

DEFINITION: The date that Family Support funded services began under the subprogram.

CODES: Enter the 8 digit date representing the month/day/full year that Family Support funded services began. For example: January 1, 1990 is reported 01011990.

SERVICE END DATE (Field 40)

OPTIONAL

DEFINITION: The date Family Support funding for services ceased for the subprogram.

CODES: Enter the 8 digits representing the month/day/full year all funding for services ceased. For example: January 1, 1990 is reported 01011990.

NOTES: Must be 00000000 or later than or equal to the service start date. (00000000 is used to reopen a closed subprogram.)

PROVIDER NUMBER (Field 41)

OPTIONAL

DEFINITION: The number assigned to identify the reporting unit, facility, or person that has delivered the subprogram to the family.

CODES: Enter the 10 digit HSRS code identifying the provider of the specific subprogram.

SUBPROGRAM P TEXT (Field 42)

REQUIRED, WHEN CODE P IN FIELD 34 IS ENTERED.

DEFINITION: The type of service or goods that have been provided to the family in the OTHER category of subprograms.

CODES: Enter in narrative form a brief description of the services or goods purchased. Enter up to 75 characters.

NOTES: If more than one type of service is used in the OTHER category, the services may be listed, separated by a comma. If services in this category are added at a later time the initial services(s) must be re-entered or they will be replaced by subsequent entries.

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

GENERAL INFORMATION

The HSRS ALCOHOL AND OTHER DRUG ABUSE module is a system to collect data on alcohol and other drug abuse clients, their characteristics, the services they receive, the quality and quantity of their participation in services. Module reporting is a required condition of the federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds. All county departments of community programs and human services are required to report. The module data is compatible with CORE and will not need to be entered into CORE.

Administrative Code HFS 75 - Community Substance Abuse Standards

New to this handbook are several SPC subprogram codes that will be phased in as a result of the promulgation of new administrative standards in substance abuse. Reporting of the new codes should begin as providers become certified under the HFS 75 standards.

For reporting purposes, a client is a person who has been authorized by a DCP or HSD for services related to alcohol or drug abuse and has their own client record.

In instances where a client has been previously opened on CORE or a non-AODA module, and the client is now being admitted for AODA services, the client must also be opened in the AODA module.

While separate county departments of social services routinely use CORE, we encourage departments of social services to use CORE field 17, target group, as appropriate, for AODA clients. AODA codes for the target group field are 18 or 74.

The AODA module has a 90 day episode closing feature that applies to records which are entered on-line or have been successfully batch processed through a translation program. Ninety days after all SPC end dates have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The episode end date will be the last SPC end date.

REPORTING FREQUENCY

The AODA module provides the option of monthly reporting of services. Quarterly reporting is required on the module for each client.

First quarter	January - March	Due April month end
Second quarter	April - June	Due July month end
Third quarter	July - September	Due October month end
Fourth quarter	October - December	Due February month end

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

REGISTRATION - Screen A3 N, U or I (Module Key:)										MODULE TYPE 6								
1 Worker ID				2 Social Security Number				3 Client ID										
4a Last Name				4b First Name		4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy)		6 Sex F / M							
7a Hispanic/Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native			8 Client Characteristics		9 Start Date ____/____/____		10 Closing Date ____/____/____	11 Co-dependent / Collateral Y = Yes N = No		12 Referral Source							
13 Education at Time of Admission			14 Family Relationship		15 Brief Service Y = Yes N = No		16 Employment Status		17 Pregnant at Time of Admission Y = Yes N = No									
18 Diagnosis		19 Case Review Date ____/____/____		20 Family ID		21 Local Data		22 Special Project Reporting										
If "Yes" in fields 11 or 15, skip fields 25-29				23a Primary		23b Secondary		23c Tertiary		24 At Discharge								
Substance Problem				25a Primary		25b Secondary		25c Tertiary										
Usual Route of Administration				26a Primary		26b Secondary		26c Tertiary										
Use Frequency				27a Primary		27b Secondary		27c Tertiary										
Age of First Drug Use or Alcohol Intoxication																		
SERVICES - Screen A4 (Module Key:)																		
Prog. No.	28 SPC Sub Prog		29 SPC Start Date		30 Provider Number		31 Days of Care	32 Other Units	33 Delivery Date mm | yyyy		34 SPC End Date	35 SPC End Reason	36 Closing Status A | F | E			37 Target Group	38 SPC Review Date mm | yyyy	
OPTIONAL DATA - Screen 18 (Module Key:)																		
Street Address						City				State	Zip Code		County			Telephone Number ()		

Shaded areas are optional.

**HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE
CO-DEPENDENT / COLLATERAL OR BRIEF
SERVICES**

REGISTRATION - Screen A3 N, U or I

1 Worker ID			2 Social Security Number			3 Client ID			
4a Last Name			4b First Name		4c Middle Name		4d Suffix	5 Birthdate (mm/dd/yyyy) ____/____/____	6 Sex F / M
7a Hispanic / Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander W = White		8 Client Characteristics		9. Start Date ____/____/____		10 Closing Date ____/____/____		11 Co-dependent / Collateral Y = Yes N = No
12 Referral Source	15 Brief Service Y = Yes N = No	18 Diagnosis	19 Case Review Date ____/____/____		20 Family ID		21 Local Data		

SERVICES - Screen A4 (Module Key:)

Prog. No.	28 SPC Sub Proa.	29 SPC Start Date	30 Provider Number	32 Other Units	33 Delivery Date (mm) | (yyyy)	34 SPC End Date	37 Target Group	38 SPC Review Date (mm) | (yyyy)

OPTIONAL DATA - Screen 18 (Module Key:)

Street Address	City	State	Zip Code	County	Telephone Number ()
----------------	------	-------	----------	--------	-------------------------

Shaded areas are optional.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The primary worker assigned to the client, or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

PURPOSE: For local use to connect reports to specific case managers.

SOCIAL SECURITY NUMBER (Field 2)

OPTIONAL; REQUIRED IF MEDICAL ASSISTANCE RECIPIENT

CODES: Enter the client's 9 digit Social Security Number.

PURPOSE: For comparison with other databases (Medical Assistance; DILHR employment data; Crime Information Bureau, etc.)

CLIENT ID (Field 3)

REQUIRED, COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.
OR
Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

PURPOSE: To maintain client confidentiality while allowing reports to be produced on individual clients for audit purposes; to produce reports on multiple services to the same individual; to produce client number listings for recidivist clients.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 4a-d)

REQUIRED TO GENERATE ID (THEN OPTIONAL)

- DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.
- ENTER: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.
- NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the last or first name, or any other punctuation marks are accepted.
- PURPOSE: To produce client ID number; for local use client listings.

BIRTHDATE (Field 5)

REQUIRED

- CODES: Enter the 8 digit birthdate of the client using month/day/full year.
Example - June 3, 1980 is 06031980.
- PURPOSE: To calculate the client's age for preparation of reports; to determine if various age groups are being reached in similar proportions to the general population and AODA prevalence.

SEX (Field 6)

REQUIRED

- CODES: F = Female
M = Male
- PURPOSE: To prepare reports cross tabulated by sex in order to determine relationships/differences; to determine if males and females are being reached in proportion to their representation in the general population and AODA prevalence.

HISPANIC/LATINO (Field 7a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 7b)

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

PURPOSE: To prepare reports cross tabulated by race in order to determine relationships/differences; to determine if various minority groups are being reached in proportion to their representation in the general population and AODA prevalence.

CLIENT CHARACTERISTICS (Field 8)**REQUIRED**

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. Code definitions are in the HSRS CORE Client Characteristics (Field 7). We encourage the use of all three client characteristics fields since the Bureau of Substance Abuse Services uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and persons with physical or sensory disabilities.

NOTES: Client Characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected. If codependent enter 99.

Client Characteristics is replacing Disabilities (optional Field 19) so care should be taken to record developmentally disabled, physically disabled, sensory disabled, mental illness, and frail elderly if applicable.

CODES:

19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown
29	Family member of developmental disability client
86	Severe emotional disturbance - child/adolescent
02	Mental illness (excluding SPMI)
03	Serious and persistent mental illness (SPMI)
14	Family member of mental health client
04	Alcohol client
05	Drug client
10	Chronic alcohol or other drug client (includes SSI clients)
12	Alcohol and other drug client
16	Family member of alcohol and other drug client
17	Intoxicated driver
39	Gambling client
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
36	Handicap other
59	Unmarried parent
71	Victim of domestic abuse
50	Regular caregiver of dependent person
55	Frail elderly
57	Abused/neglected elder
18	Alzheimer's disease/related dementia
43	Migrant
44	Refugee
45	Cuban/Haitian entrant
33	Corrections/criminal justice client (adult only)
80	Homeless
99	None of the above (codependent client only)

CLIENT CHARACTERISTICS (Field 8) continued

SPECIAL CHILDREN'S SERVICES CATEGORIES

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

PURPOSE: To allow comparisons across the HSRS database outside of the AODA module; to assess outreach to and accessibility in relation to special client groups (dually diagnosed, hearing impaired, physically disabled, etc.); to separate codependents receiving services from clients with AODA diagnosis.

START DATE (Field 9)

REQUIRED

DEFINITION: The date when the client began contact with the agency or the case was opened for this period of service (episode).

CODES: Enter an 8 digit number in the format of month/day/full year.
Must be earlier than or equal to the current date.

PURPOSE: To determine active and closed cases; for case management purposes; for determining recidivism; determining episode length/duration.

CLOSING DATE (Field 10)

REQUIRED

DEFINITION: The date all AODA services are completed and the case is closed.

CODES: Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

NOTES: The episode will be closed automatically 90 days after all services are closed.

PURPOSE: To determine active and closed cases; for case management purposes; for determining recidivism; determining episode duration.

CODEPENDENT/COLLATERAL (Field 11)

REQUIRED

DEFINITION:

A codependent/collateral is a person who:

- Is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser.
- Has no current alcohol/drug abuse or dependency problem of their own.

CODES:

Y = Yes

N = No

When Yes is coded, only the following fields are required:

Client ID (3) or Name/Birthdate/Sex

Name (4)

Birthdate (5)

Sex (6)

Ethnicity (7)

Client Characteristics (8)

Episode Start Date (9)

Episode Closing Date (10)

Referral Source (12)

SPC (28)

SPC Start Date (29)

Provider Number (30)

Other Units (32)

Delivery Mo/Yr (33)

SPC End Date (34)

NOTES:

Family involvement in treatment alone is not sufficient criteria for codependent/collateral designation.

PURPOSE:

To separate codependents receiving services from clients with AODA diagnoses and to allow simpler reporting on codependents.

REFERRAL SOURCE (Field 12)

REQUIRED

DEFINITION: The individual or agency at the point of origin, that referred the client for services.

CODES:

01	Self
02	Family, friend, or guardian
03	AODA program (includes AA and Al-Anon)
04	Hospital, clinic, physician, health agency
05	School, college
06	IDP- Court
07	IDP - Division of Motor Vehicles (DMV)
08	Probation and parole
09	Other court, criminal or juvenile justice, or law enforcement
10	Employer, Employee Assistance Program (EAP)
11	County social services
13	IV drug outreach worker
14	Other social agency or community referral

REFERRAL SOURCE CODE DEFINITIONS

- 03 AODA Program (Includes AA and Al-Anon)
Any program/clinic whose principal objective is the treatment of clients who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.
- 04 Hospital, Clinic, Physician, Health Agency
Includes a physician, psychiatrist or other licensed health care professional, general hospitals, psychiatric hospitals, mental health programs and nursing homes.
- 05 School, College
Includes a school principal, counselor, teacher or student assistance program (SAP), the school system or educational agency.
- 06-09 Criminal Justice Referral
Includes referrals from the court, juvenile court intake, a judge, prosecutor, probation officer or other personnel affiliated with a federal, state and/or county judicial system, referrals from the police, and Treatment Alternative Program (TAP). This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Additionally it includes clients on pre-parole, pre-release, work and/or home furlough, and Ch. 51 commitments. The client need not be officially designated as on parole.
- 10 Employer, Employee Assistance Program (EAP)
Includes a federal, state or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Community and religious organizations are included.
- PURPOSE:** Assess success of outreach/marketing and agency coordination efforts; identify intoxicated driver clients; assess success in reaching special target groups (criminal justice client; EAP; etc.).

EDUCATION AT TIME OF ADMISSION (Field 13)

REQUIRED

DEFINITION: The highest grade completed.

CODES: Enter the two digit number of years.

01-11	Highest grade completed
12	High school diploma or GED
14	Some college or vocational/technical school; assoc. degree or voc. tech. degree
16	Bachelor's degree
18	Advanced degree (Master's; Ph.D.)

PURPOSE: Identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population to assess differences.

FAMILY RELATIONSHIP (Field 14)

REQUIRED

DEFINITION: The client's marital, family, interpersonal relationships, or support system (whichever is most applicable to the client) status at time of admission in terms of the frequency and quality of contact.

CODES: Marital, Family, Interpersonal Relationships, or Support System

1	Very frequent, positive contact
2	Frequent or more often, usually positive contact
3	Occasional or more often, sometimes positive, sometimes negative contact
4	Contact is usually negative
5	Little or no contact

NOTES: The Family Relationship is an overall assessment of the client's marital, family, significant other, close friend/intimate relationships or support system (whichever is most applicable to the client) as follows:

Positive means constructive, harmonious, compatible, close relationships with differences or conflicts being worked out. **Negative** means unsupportive, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts. **Very Frequent** means daily or nearly daily. **Frequent** means at least weekly. **Occasional** means at least monthly. **Significant Others** include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

PURPOSE: Describe the level of familial, social, or support deterioration that usually characterizes alcohol/drug clients when entering treatment. The admission data will be compared with discharge data to assess changes.

Field 15

BRIEF SERVICE (Field 15)

REQUIRED

DEFINITION: This field may be checked YES if any of the following standard program categories are the sole SPCs to be provided in an entire episode of care:

SPC	301	Court intake studies
	501	Crisis intervention
	507/50	Outpatient, emergency regular
	601	Outreach
	602	Information and referral
	603	Intake assessment

If this field is checked YES, only the following other fields are required to be entered into the record:

- Client ID (3) or Name/Birthdate/Sex
- Name (4)
- Birthdate (5)
- Sex (6)
- Ethnicity (7)
- Client Characteristics (8)
- Episode Start Date (9)
- Episode Closing Date (10)
- Codependent/Collateral (11)
- Referral Source (12)
- SPC (28)
- SPC Start Date (29)
- Provider Number (30)
- Other Units (32)
- Delivery Mo/Yr (33)
- SPC End Date (34)

CODES: Y = Yes
N = No (default)

PURPOSE: To reduce reporting burden for relatively brief services.

EMPLOYMENT STATUS (Field 16)

REQUIRED

DEFINITION: The current employment status.

CODES:

1	Employed full-time - 35 or more hours a week. Includes those working both full and part-time jobs.
2	Part-time - less than 35 hours a week.
3	Unemployed - looking for work in the past 30 days; includes registering for unemployment and on layoff from job.
4	Unemployed - not looking for work in the past 30 days.
5	Not in the labor force - other (homemaker, student, disabled, retired, institution inmate, incarcerated, others).

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources or pay stubs. Special audits of this data may be performed.

PURPOSE: Identify financial resources of client groups; assess employment status for vocational service needs.

PREGNANT AT TIME OF ADMISSION (Field 17)

REQUIRED - DEFAULTS TO NO.

DEFINITION: Self-explanatory.

CODES:

Y = Yes
N = No

PURPOSE: To assess outreach and accessibility of services to special client groups; to monitor trends.

DIAGNOSIS (Field 18)

OPTIONAL

DEFINITION: The current diagnosis of the client's condition.

CODES: The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

<u>CODE</u>	<u>NAME</u>
<u>MENTAL ILLNESS</u>	
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic disorders
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
300.02	Generalized anxiety disorder
301	Personality disorders
301.6	Dependent personality disorder
302	Sexual deviations and disorders
306	Physiological malfunction arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders due to organic brain damage
311	Depressive disorder, not classified elsewhere
312.0	Undersocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere classified
313	Disturbance of emotions specific to childhood and adolescence
314	Hyperkinetic syndrome of children
316	Psychic factor associated with diseases classified elsewhere
<u>DEVELOPMENTAL DISABILITIES</u>	
299.0	Infantile autism
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy

DIAGNOSIS (Field 18) continued

ALCOHOLISM/ALCOHOL ABUSE

291	Alcoholic psychoses
303	Alcoholic dependence syndrome
303.91	Other and unspecified continuous alcohol dependence (chronic alcoholism/dipsomania)
303.93	Other and unspecified alcohol dependence in remission
305.0	Alcohol abuse

OTHER DRUG ABUSE

292	Drug psychoses
304	Drug dependence
304.0	Opioid type dependence
304.1	Barbiturate and similarly acting sedative hypnotic dependence
304.2	Cocaine dependence
304.3	Cannabis dependence
304.4	Amphetamine and other psychostimulant dependence
304.5	Hallucinogen dependence
304.6	Other specified drug dependence
304.9	Unspecified drug dependency
305	Nondependent abuse of drugs
305.01	Continuous alcohol abuse
305.02	Episodic alcohol abuse
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid abuse
305.6	Cocaine abuse
305.7	Amphetamine or related acting sympathomimetic abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
309.89	Other

PHYSICAL LIMITATION

359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742.0	Encephalocele
742.3	Congenital hydrocephalus
784.0	Symptoms involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

DIAGNOSIS (Field 18) continued

OTHER DISORDER

316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition

PRESENTING PROBLEM

V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victim of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstances or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Child or adolescent antisocial behavior

ADMINISTRATIVE CATEGORIES

799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V68.81	Referral of patient without examination or treatment
V70.7	Examination for normal comparison or control in clinical research

PURPOSE: For local use in billing-related reports.

CASE REVIEW DATE (Field 19)

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

PURPOSE: For local use in case monitoring/case management.

FAMILY ID (Field 20)

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B.

PURPOSE: For local use.

LOCAL DATA (Field 21)

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

PURPOSE: For local use.

SPECIAL PROJECT REPORTING (Field 22)

REQUIRED, WHEN APPLICABLE THROUGH SPECIAL CIRCUMSTANCES, USUALLY A GRANT PROGRAM. AGENCIES WILL BE NOTIFIED BY THE BUREAU OF SUBSTANCE ABUSE SERVICES WHEN THIS FIELD IS APPLICABLE TO THEIR SPECIAL PROJECTS.

DEFINITION: The alphanumeric codes designated for this field identify special projects defined by the Bureau of Mental Health and Substance Abuse Services.

SUBSTANCE PROBLEM (Fields 23a - 23c)

REQUIRED

DEFINITION: Self-explanatory

CODES: Enter primary, secondary, and tertiary substance problem codes. Code up to three.

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)
- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine)
- 12 Methamphetamine/ice; methcathione/cat
- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, Triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

SUBSTANCE PROBLEM AT DISCHARGE (Field 24)**REQUIRED**

DEFINITION: The primary substance problem at the time of discharge.

The code at discharge should be different from the code at admission only in the case of a change of substance. Therefore, the system defaults the code at discharge to the code at admission. The code 01 for None is reserved for codependent clients.

CODES:

01	None (co-dependent)
02	Alcohol
03	Cocaine/crack
04	Marijuana/hashish/cannabis/THC
05	Heroin
06	Nonprescription methadone
07	Dilaudid/hydromorphone
08	Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
09	PCP (phencyclidine)
10	LSD
11	Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, ketamine)
12	Methamphetamine/ice: methcathinone/cat
13	Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs
14	Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, etc.)
15	Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
16	Other tranquilizers (Meprobamate, Equanil, Miltown)
17	Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
18	Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
19	Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
20	Over-the-counter diet, alert, sleep aids, cough syrup
21	Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

USUAL ROUTE OF ADMINISTRATION (Fields 25a - 25c)

REQUIRED

DEFINITION: How the substance is taken into the body.

CODES:

1	Oral (by mouth swallowing)
2	Smoking (inhale by burning/heating substance)
3	Inhalation (inhale or snort through the nose or mouth without burning substance)
4	Injection (IV or intramuscular or skip popping)
5	Other

PURPOSE: To determine level of associated health risks connected with route of administration; assess extent and trends of AIDS risk clients.

USE FREQUENCY (Fields 26a - 26c)

REQUIRED

DEFINITION: How often the substance is used during the 30 days prior to the start of the episode.

CODES:

1	No use in the past month (abstinent)
2	1-3 days in the past month (less often than once a week)
3	1-2 days per week
4	3-6 days per week
5	Daily

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources, or drug tests. Special audits of this data may be performed.

PURPOSE: To identify the level of severity of addiction, compare with treatment setting and changes from admission to discharge.

AGE OF FIRST DRUG ABUSE OR ALCOHOL INTOXICATION (Field 27a - 27c)

REQUIRED

DEFINITION: Self-explanatory

CODES: Enter actual age using 2 digits.

A value of zero (00) indicates a newborn with a substance dependency problem.

NOTES: For drugs other than alcohol record the age of first use. For alcohol record age of first intoxication. The recorded age should reflect willful use.

PURPOSE: Assesses success of prevention efforts; for planning school curricula; compare with national drug surveys of the general population.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28)**REQUIRED**

DEFINITION: The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. The following are basic AODA SPCs. Any other appropriate SPCs associated with alcohol and other drug abuse services should be reported even though not listed here. SPCs are defined in Appendix E. Subprogram definitions follow.

CODES: Enter the 3 digit SPC code and the 2 digit subprogram code if applicable.

<u>AODA SPCs</u>	<u>SUB-PROGRAM</u>	<u>STANDARD PROGRAM CATEGORY NAME</u>	<u>UNITS TO BE REPORTED</u>
<u>Detox</u>			
703	10	Medically managed inpatient detox (75.06)	Days
	20	Medically monitored residential detox (75.07)	Days
	50	Ambulatory detoxification (75.08)	Hours
705	10	Residential intoxication monitoring (75.09)	Days
<u>Residential</u>			
503	50	Medically managed inpatient (75.10)	Days
	60	Medically monitored hospital treatment (124, 75.11)	Days
	70	Medically monitored CBRF treatment (83, 75.11)	Days
504		Residential care center	Days
506		CBRF non-certified halfway house	Days
	10	Transitional residential-hospital setting (124)	Days
	20	Transitional residential (75.14)	Days
203		Foster home	Days
204		Group home	Days
<u>Ambulatory</u>			
507	00	Outpatient - regular (75.13)	Hours
	05	Outpatient - intensive (75.13)	Hours
	70	Methadone or narcotic detox	
	75	Methadone maintenance or narcotic treatment (75.15)	Hours
603		Intake assessment	Hours
509		Community support	Hours
704	10	Day treatment (75.12)	Hours
112	55	Specialized medical supplies	Items

The following optional subprograms may be used in place of 00 and 05 if the agency wants additional detail. Unless noted, the subprograms are redefined in HFS 75.13.

507	10	Outpatient, individual regular (75.13)	Hours
	15	Outpatient, individual intensive (75.13)	Hours
	20	Outpatient, family regular (75.13)	Hours
	25	Outpatient, family intensive (75.13)	Hours
	30	Outpatient, group regular (75.13)	Hours
	35	Outpatient, group intensive (75.13)	Hours

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28) continued

<u>AODA SPCs</u>	<u>SUB-PROGRAM</u>	<u>STANDARD PROGRAM CATEGORY NAME</u>	<u>UNITS TO BE REPORTED</u>
40		Outpatient, in-home regular (75.13)	Hours
45		Outpatient, in-home intensive (75.13)	Hours
50		Emergency outpatient (75.05)	Hours

NOTES:

Units are required on these SPCs.

Regular and Intensive are types of outpatient services and do not always reflect the amount of service delivered to a specific client. A client can be in Intensive even though they don't complete the required units of service.

Reporting of self-pay intoxicated driver assessments (SPC 603) which are assessed by contract providers is no longer required, but may be continued at the discretion of the county agency. Similarly, reporting of any wholly self-paid or third party paid treatment services by contract agencies is not required.

PURPOSE:

To determine the type, amount, duration, and outcome of services provided; to develop common costs centers for cost analyses. It also meets federal requirements.

SUBPROGRAM DEFINITIONS

112/55

Specialized Medical Supplies

Specialized medical supplies, specified in the plan of care, which are necessary to ensure the health of the individual or enable the individual to function with greater independence as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.

503/50

Medically Managed Inpatient

HFS 75.10 medically managed inpatient treatment service means a service provided in a general or specialty hospital with 24 hours per day nursing care, physician management and all the resources of a hospital approved under ch. HFS 124.

503/60

Medically Monitored Hospital Treatment

HFS 75.11 medically monitored treatment service means a hospital based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.

503/70

Medically Monitored CBRF Treatment

HFS 75.11 medically monitored treatment service means a community based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.

506/10

Transitional Residential - Hospital Setting

HFS 75.14 transitional residential treatment service (defined below) in a general or specialty hospital approved under ch. HFS 124.

506/20

Transitional Residential

HFS 75.14 transitional residential treatment service means a clinically supervised, peer supported, 24 hour therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling equaling between three to 11 hours weekly, immediate access to peer support and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28) continued

SUBPROGRAM DEFINITIONS

- 507/all Outpatient
HFS 75.13 outpatient treatment service means a nonresidential treatment service that provides a variety of evaluation, diagnostic, intervention, crisis and counseling services relating to substance abuse in order to ameliorate symptoms and restore effective functioning and totaling less than 12 hours of counseling per week. Intensive outpatient is at least six hours per week and regular outpatient is less than six hours per week.
- 507/61 Antabuse
The administration of the medication disulfiram as a treatment adjunct, to help patients overcome drinking problems.
- 507/62 Other Medical
Do not include in the manual since we do not want to promote this beyond Milwaukee County.
- 507/63 Methadone Maintenance or Narcotic Treatment - Milwaukee
HFS 75.15 narcotic treatment service for opiate addiction means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.
- 507/64 Urinalysis Tests
In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood altering substances.
- 507/70 Methadone or Narcotic Detox
Services provided to ensure the safe withdrawal of methadone from the body's tissues.
- 507/75 Narcotic Treatment
HFS 75.15 narcotic treatment service for opiate addiction means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.
- 703/10 Medically Managed Inpatient Detoxification
HFS 75.06 medically managed inpatient detoxification service means a 24 hour per day observation and monitoring service, with nursing care, physician management and all of the resources of a general or specialty inpatient hospital.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 28) continued

SUBPROGRAM DEFINITIONS

- 703/20 Medically Monitored Residential Detoxification
HFS 75.07 medically monitored residential detoxification service means a 24 hour per day service in a residential setting providing detoxification and monitoring, with care provided by a multidisciplinary team of service personnel including 24 hour nursing care under the supervision of a physician.
- 703/50 Ambulatory Detoxification
HFS 75.08 ambulatory detoxification service means a medically managed or monitored, structured detoxification service, delivered on an outpatient basis, provided by a physician or other service personnel acting under the supervision of a physician.
- 704/10 Day Treatment
HFS 75.12 day treatment service means a medically monitored and structured nonresidential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for at least 12 hours per week (three or more hours per day for four or more days per week).
- 705/10 Residential Intoxication Monitoring
HFS 75.09 residential intoxication monitoring service means a service providing 24 hour per day observation by a nonmedical staff to monitor the resolution of alcohol or sedative intoxication and to monitor alcohol withdrawal.

SPC START DATE (Field 29)

REQUIRED FOR AODA SPCs

- DEFINITION:** The date on which delivery of this SPC actually began.
- CODES:** Enter an 8 digit number in the format month/day/full year.
- PURPOSE:** Coupled with SPC End Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

PROVIDER NUMBER (Field 30)

REQUIRED

- DEFINITION:** The number assigned to identify the agency, facility, or person that is delivering the SPC to the client.
- CODES:** Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk.
- PURPOSE:** Will be used to produce various reports by facility.

DAYS OF CARE (Field 31)

REQUIRED FOR APPROPRIATE SPCs

- DEFINITION:** The number of days of care provided in each SPC/subprogram that require days reporting.
- CODES:** Enter up to 3 digits. No decimals allowed.
- PURPOSE:** To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

OTHER UNITS (Field 32)

REQUIRED FOR AODA SPCs

- DEFINITION:** The number of program activity units the client has received.
- CODES:** The appropriate number of units. This is a 5 digit field with a maximum of 2 decimal places.
- NOTES:** This field is not required for non-AODA SPCs. It is allowable for emergency inpatient services (hours only).
- PURPOSE:** To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

DELIVERY DATE MONTH/FULL YEAR (Field 33)

REQUIRED

- DEFINITION:** The month and full year during which units of an SPC were delivered.
- CODES:** Enter a 6 digit number in the format month/full year.
- PURPOSE:** For easy production of reports connected to a particular month/full year.

SPC END DATE (Field 34)

REQUIRED FOR AODA SPCs

- DEFINITION:** The date on which service in this SPC ended.
- CODES:** Enter an 8 digit number in the format month/day/full year.
- NOTES:** The episode will be closed automatically 90 days after all services are closed.
- PURPOSE:** Coupled with SPC Start Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

SPC END REASON (Field 35)

REQUIRED, WHEN APPLICABLE FOR AODA SPCs EXCEPT FOR 703 HOSPITAL DETOX, 705 SOCIAL SETTING DETOX, 603 INTAKE ASSESSMENT, AND OTHER BRIEF SERVICES.

DEFINITION: The reason the client was discharged from treatment.

<u>CODES:</u>	01	Completed service - major improvement
	02	Completed service - moderate improvement
	03	Completed service - no positive change

	--	
	04	Referred to another nonalcohol/drug agency, program, or service
	05	Behavioral termination - staff/program decision to terminate due to rule violation
	06	Withdrew against staff advice
	07	Funding/authorization expired
	08	Incarcerated
	09	Death
	14	Referral to another AODA agency or program
	15	Transfer to another AODA service within an agency or program

Remember, clients who completed the SPC should not be coded under 04-14.

LEVEL OF IMPROVEMENT EXPLANATION (major, moderate, no change):

For clients who have completed services (above codes 01-03) in inpatient, outpatient, day services, or residential treatment, this is an overall rating of the client's condition at discharge and should be based upon the following:

- Completion of scheduled appointments or days in the facility
- Significant progress on individualized treatment plan
- Participation in an aftercare plan if applicable
- Sobriety/abstinence; drug abuse-free lifestyle
- Marital/family/interpersonal relationships, or support system
- Vocational situation; employment/homemaker/school
- Finances; income
- Use of leisure time; recreation
- Psychological adjustment; coping skills
- Living arrangements/recovering environment
- Criminal justice system involvement
- Spirituality
- Health/physical; nutrition; hygiene
- Reduced dependency/abuse symptoms

Major improvement: Completion of scheduled appointments or length of stay; significant progress on individualized treatment plan; all or most of the remaining areas have improved (unless there was no problem in an area); and there is good prognosis for recovery.

SPC END REASON (Field 35) continued

Moderate improvement: Completion of scheduled appointments or length of stay; some progress on the individualized treatment plan; some of the remaining areas may have improved; but the prognosis for recovery is guarded or fair.

No positive change: Completion of scheduled appointments or length of stay, but very little or no progress in other areas. Prognosis for recovery is poor.

NOTES:

SPC End Reason is not required for SPCs 703 Hospital Detox and 705 Social Setting Detox or other brief SPCs like assessment, case management, etc. because of their short-term nature.

PURPOSE:

To evaluate service retention and outcome.

CLOSING STATUS (Field 36)

REQUIRED, WHEN APPLICABLE FOR AODA SPCs EXCEPT FOR 703 HOSPITAL DETOX, 705 SOCIAL SETTING DETOX, 603 INTAKE ASSESSMENT AND OTHER BRIEF SERVICES, AND ONLY IF SPC END REASON WAS 01, 02, OR 03.

DEFINITION: The client's AODA (A), Family (F), and Employment (E) status at the time the client was discharged from treatment for clients who have completed service codes 01-03 in SPC End Reason.

CODES: Enter a one digit code in each of the three categories (A, F, E).

A = AODA = Frequency of alcohol/drug use during the 14 days prior to discharge.

- 1 No use (abstinent)
- 2 1-3 days/mo. (less often than once a week)
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily

F = FAMILY = Marital/family/interpersonal relationships or support system

- 1 Very frequent, positive contact
- 2 Frequent, usually positive contact
- 3 Occasional, sometimes positive, sometimes negative contact
- 4 Contact is usually negative
- 5 Little or no contact

E = EMPLOYMENT STATUS

- 1 Employed full-time
- 2 Employed part-time
- 3 Unemployed, but looking for work
- 4 Unemployed, not looking for work
- 5 Not in the labor force (homemaker, student, enrolled in skill development program, disabled, retired, incarcerated or institutionalized).

NOTES: The F scale above is an overall assessment of the client's familial, marital, significant other, or close friend relationships as follows:

Positive means supportive, constructive, harmonious, compatible, close relationships with differences or conflicts being worked out.

Negative means unsupportive, abusive, destructive, incompatible, or distant relationships with unresolved differences or conflicts. **Very**

Frequent means daily or nearly daily. **Frequent** means at least weekly.

Occasional means at least monthly. **Significant Others** include spouse, children, parents, close friends, intimates, mentor, sponsor, or support system.

CLOSING STATUS (Field 36) continued

It is the provider's responsibility to verify the accuracy of the codes entered into the record for the A and E scales. These methods of verification may include collaterals (spouse, relative, significant others), structured clinical interview, records sources, drug tests, or pay stubs. Special audits of this data may be performed.

PURPOSE: The data will be compared with admission data to assess changes.

TARGET GROUP (Field 37)

OPTIONAL

DEFINITION: Indicates the more specific AODA need and/or problem that best explains the primary reason this client is receiving services in a particular Standard Program Category. Target Group describes why this service is being delivered to the client, and thus may vary by service. If 74 is entered, then Yes should be entered in Field 11, Codependent/collateral.

CODES:

04	Alcohol abuse
05	Drug abuse
17	Intoxicated driver
18	Alcohol and other drug abuse
74	Family member/other of AODA client (codependent)

PURPOSE: To identify the number of and service usage of the above target groups.

SPC REVIEW DATE (Field 38)

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

NOTES: An output report can be produced indicating when a review is due.

PURPOSE: For local use in case monitoring/case management.

SUPPORTED EMPLOYMENT MODULE

GENERAL INFORMATION

Supported Employment is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing support services to perform that work. Supported Employment is limited to individuals with severe handicaps for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for individuals with chronic mental illness. For reporting purposes Supported Employment includes people who are funded in any one of the following categories: Division of Vocational Rehabilitation, county or privately.

Each Supported Employment agency within a county reports the information to the county. If many Supported Employment providers exist in a county (e.g., Dane), each provider submits the information in regard to the people they support.

REPORTING FREQUENCY

The Supported Employment module provides the option of monthly reporting. Semi-annual reporting for the months of February and August is required on the module for each client.

February reporting is due at March month end. August reporting is due at September month end.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-998 (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of
the State/County contract specified under the
Wisconsin Statutes. S. 46.031(2g)

HSRS SUPPORTED EMPLOYMENT MODULE

REGISTRATION - Screen S1 N, U, E or I (Module Key:)										MODULE TYPE 8						
1 Worker ID								2 Client ID								
3a Last Name					3b First Name				3c Middle Name			3d Suffix				
4 Birthdate (mm/dd/yyyy)			5 Sex F / M		6a Hispanic / Latino Y = Yes N = No		6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White				7 Client Characteristics					
CHANGE DATE for fields 10-12 ____ / ____ / ____																
8 Start Date			9 End Date		10 Funding Agency			11 Target Group		12 Provider Number		13 Outside Setting		14 Pre SE Sheltered Hourly Wage		
JOB INFORMATION - Screen S2 N, U, E, D or I (Module Key:)																
Job No.	15 Job Start Date			16 Job Type		17 Job Worksite		18 Employer Type		19 Job End Date		20 Job End Reason		21 Employer's Name		
1 MONTH LONG SEMIANNUAL REPORTING FOR THE MONTHS OF FEBRUARY AND AUGUST- Screen S3 N, U, E, or I (Module Key:)																
22 Report Period mm yyyy		23 Direct Support Hours (month)		24 Indirect Support Hours (month)		Job No.	25 Hourly Wage	26 Hours Worked (per week)		27 Transportation Type		28 Transportation Hours (per day)		29 Employer's Name		
OPTIONAL DATA - Screen 18 (Module Key:)																
Street Address						City			State		Zip Code		County		Telephone Number	
Case Review Date			Diagnosis			Family ID			Local Data						Shaded areas are optional.	

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The primary worker assigned to the client/consumer, or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and want them to get back all information about this client/consumer.

CLIENT ID (Field 2)

REQUIRED - COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client/consumer name.

ENTER: May be left blank if name, birthdate, and sex are reported.
OR
Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

NAME - LAST, FIRST, MIDDLE NAME, SUFFIX (Fields 3a-d)

REQUIRED TO GENERATE ID (THEN OPTIONAL)

DEFINITION: The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the last or first name, or any other punctuation marks are accepted.

BIRTHDATE (Field 4)

REQUIRED

CODES: Enter the eight digit birthdate of the client/consumer using month/day/full year. Example - June 3, 1980 is 06031980.

SEX (Field 5)

REQUIRED

CODES: F = Female
M = Male

HISPANIC/LATINO (Field 6a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 6b)

REQUIRED

DEFINITION: The race of the client/consumer as determined by the client/consumer.
Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

CLIENT CHARACTERISTICS (Field 7)

REQUIRED

DEFINITION: Describes the client/consumer according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. Code definitions can be found in the HSRS Core Client Characteristics Field 7.

NOTES: Client characteristics should identify up to three major needs or descriptors.

CODES:

19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown
86	Severe emotional disturbance
02	Mental illness (excluding SPMI)
03	Serious and persistent mental illness (SPMI)
07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
36	Other handicap
04	Alcohol client
05	Drug client
12	Alcohol and other drug client

START DATE (Field 8)

REQUIRED

DEFINITION: The date the case was opened.

CODES: Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

END DATE (Field 9)

REQUIRED

DEFINITION: The date all Supported Employment services are completed and the case is closed.

CODES: Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

NOTES: Closure is not limited to DVR closure. It is the termination of services with the supporting agency.

FUNDING AGENCY (Field 10)

REQUIRED

DEFINITION: The governmental agency that has allocated funds for the Supported Employment services throughout the person's career.

CODES: 1 = DVR and county
2 = County
3 = DVR
4 = PASS/IRWE
5 = Other (private pay, insurance, etc.)

NOTES: County funding could be Community Aids, CIP, COP, or county funds.

TARGET GROUP (Field 11)

REQUIRED

DEFINITION: Indicates the need and/or problem that best explains the primary reason the client/consumer is receiving services.

CODES: 01 = Developmental disability
31 = Mental health
57 = Physical or sensory disability

NOTES: The code definitions can be found in the HSRS CORE Target Group section of this handbook.

PROVIDER NUMBER (Field 12)

REQUIRED

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the Supported Employment services.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client/consumer.

NOTES: Provider numbers are assigned by the State and may be obtained by sending an e-mail message request to the SOS Desk.

OUTSIDE SETTING (Field 13)

OPTIONAL

DEFINITION: Other services or activities in which the client/consumer is involved that address their need for work-related, work-like experiences, recreation, leisure activities or skills. Services or opportunities for participation in activities may be offered by the same agency delivering the supported employment, another work-related service agency, or by other community agencies and resources involved in arranging volunteer placements or providing volunteer or recreational opportunities.

CODES: 1 = Sheltered employment service provider
2 = Day service provider
3 = Participation in volunteer work
4 = Community recreation/leisure activity or skill training provider

NOTES: Code all that apply on the start date of this episode of Supported Employment services.

PRE-SUPPORTED EMPLOYMENT SHELTERED HOURLY WAGE (Field 14)

OPTIONAL

DEFINITION: The hourly wage the client/consumer received in sheltered employment immediately prior to Supported Employment services, or if the client/consumer was not involved in sheltered employment immediately prior, the highest wage earned in prior work.

CODES: Enter up to two whole numbers and two decimal places representing the hourly wage amount earned.

JOB START DATE (Field 15)

REQUIRED

DEFINITION: The date the client/consumer started and first worked this specific job.

CODES: Enter an eight digit number in the format of month/day/full year.

NOTES: First day for which a salary was earned on this job.

JOB TYPE (Field 16)

REQUIRED

DEFINITION: The characteristics that best describe the field or occupational category of this Supported Employment job.

CODES:

- 01 = Food service
- 02 = Janitorial
- 03 = Clerical/office
- 04 = Stock clerk
- 05 = Groundskeeper
- 06 = Housekeeping/laundry
- 07 = Farming
- 08 = Delivery
- 09 = Bench assembly/light manufacturing
- 10 = Other

JOB WORK SITE (Field 17)

REQUIRED

DEFINITION: The characteristic which best describes the Supported Employment setting the client/consumer is working in.

CODES:

- 1 = Individual site - one supported employee at the site.
- 2 = Group site - several supported employees work at the same site clearly identified as a group or production line.
- 3 = Cluster site - one employer has two or more supported employees but they are located in different departments or floors of the building and receive job coaching/other services from the same individual.
- 4 = Mobile crew - supported employees travel from a field point to various locations for actual work.
- 5 = Job sharing - two or more supported employees sharing a job by working the same job on different days/shifts by pairing of individuals who have complimentary skills on the job.
- 6 = Business venture - developed own business or employment opportunity.

EMPLOYER TYPE (Field 18)

REQUIRED

DEFINITION: The type of employer providing the Supported Employment job.

CODES:

- 1 = Private nonprofit (e.g., Red Cross, etc.)
- 2 = Private for profit (e.g., Pizza Hut, Credit Union, etc.)
- 3 = Public/government (e.g., state, city or county office, public library, etc.)

JOB END DATE (Field 19)

REQUIRED

DEFINITION: The termination date of this specific job is the date the person last earned wages for working this job.

CODES: Enter an 8 digit number in the format of month/day/full year.

JOB END REASON (Field 20)

REQUIRED

DEFINITION: The primary reason the client/consumer left this job.

CODES:

- 01 = Person chose a new job
- 02 = Promotion
- 03 = Extended illness
- 04 = Seasonal employment
- 05 = Position ended
- 06 = Person fired
- 07 = Laid off due to business closing or reduction in workforce
- 08 = Person moved
- 09 = Inadequate transportation access
- 10 = Person quit
- 11 = Person died

EMPLOYER'S NAME (Field 21)

OPTIONAL

DEFINITION: The specific name of the business, organization, or employer where the client/consumer is employed.

CODES: Enter up to 30 characters.

NOTES: This name assists the Supported Employment agency with keeping track of each job in conjunction with other information about the job.

REPORT PERIOD (Field 22)

REQUIRED FOR THE MONTHS OF FEBRUARY AND AUGUST.

DEFINITION: The month and year the report is completed.

CODES: Enter a 6 digit number in the format month/full year.

DIRECT SUPPORT HOURS (Field 23)

REQUIRED FOR THE MONTHS OF FEBRUARY AND AUGUST.

DEFINITION: The amount of face-to-face support given to the client/consumer for the months of February and August.

CODES: Enter up to three whole numbers and two decimal places.

NOTES: Direct support includes assessment, planning, on-site job skill training, supportive counseling, community skills training, behavior management at work site, and work-related skills training (e.g., mobility at work site, break and lunch behavior, etc.). May include job club training as long as it is time spent directly interacting with the client/consumer. Does not need to take place at job site.

INDIRECT SUPPORT HOURS (Field 24)

OPTIONAL FOR THE MONTHS OF FEBRUARY AND AUGUST.

DEFINITION: The total hours of non face-to-face support provided on behalf of the client/consumer for the months of February and August.

CODES: Enter up to three whole numbers and two decimal places.

NOTES: Indirect support includes: interagency consultation, planning with parent or significant other, job development, job analysis, coordination of services, administrative duties, travel time with the client/consumer, staff training-- anything not face-to-face with the client/consumer, but on the client's/consumer's behalf.

Excludes all program or agency administration.

HOURLY WAGE (Field 25)

REQUIRED FOR THE MONTHS OF FEBRUARY AND AUGUST.

DEFINITION: The hourly wage earned by the client/consumer for this specific job.

CODES: Enter up to two whole numbers and two decimal places representing the hourly wage amount earned.

NOTES: If the person has more than one job, an hourly entry for each job is needed.

HOURS WORKED (Field 26)

REQUIRED FOR THE MONTHS OF FEBRUARY AND AUGUST.

DEFINITION: The number of hours the client/consumer works in a typical week.

CODES: Enter up to two whole numbers and two decimal places.

NOTES: Could possibly be zero for this reporting period.

TRANSPORTATION TYPE (Field 27)

REQUIRED FOR THE MONTHS OF FEBRUARY AND AUGUST.

DEFINITION: The primary type of transportation used to get to this specific job.

CODES:

- 1 = Walk/bike
- 2 = Car pool
- 3 = Co-worker
- 4 = Regular, without support (bus/car)
- 5 = Regular, with support (bus/car)
- 6 = Specialized (e.g., handicap van)
- 7 = Family/friends drive
- 8 = Job coach

NOTES: Regular - car, public, mainline transit

TRANSPORTATION HOURS (Field 28)

OPTIONAL

DEFINITION: The total amount of time in hours spent on transportation to and from work on a typical day.

CODES: Enter up to two whole numbers and two decimal places.

NOTES: Could possibly be zero for this reporting period.

EMPLOYER'S NAME (Field 29)

OPTIONAL

DEFINITION: The specific name of the business, organization, or employer where the client/consumer is employed.

CODES: Enter up to 30 characters.

NOTES: This name assists the Supported Employment agency with keeping track of each job in conjunction with other information about the job.

MENTAL HEALTH MODULE

BACKGROUND

The Mental Health module HSRS is a federally supported effort for reporting client demographic and service data for people served through the public mental health system. Development of this module was a joint effort between staff from the BCMH, BMO, OPRA and BIS within the DHFS and included considerable effort and input from various county level administrators and program staff.

The Mental Health module data provides federal, state and county administrators with accurate and timely data on the people served through our public mental health system. This information is used for oversight and improvement of the service system as well as compliance with State and Federal regulations.

A recent improvement to the module is the Consumer Status Data Set. Beginning in CY 2002, fields 31 through 43 will be used to collect information reflecting the ongoing status of people who have a BRC Target Group Code of H or L. This data will be used in support of the efforts of the Department to meet the expectations contained in the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

GENERAL INFORMATION

All county Departments of Community Programs and Human Services are required to report to the module. Mental Health client demographic and encounter data is to be submitted on-line via computer terminals or through computer communications from local computers to the state mainframe. (See Appendix J.)

For reporting purposes, a client/consumer is defined as a person who has been authorized by a DCP or HSD for services related to mental health and who has their own client record.

Consumer Status Data Set (CSDS) information is collected through Fields 31 - 43. CSDS data fields should be completed at the beginning of a HSRS episode for consumers who have a BRC Target Group Code of H or L. Updates will be expected at six month intervals thereafter. The status data should also be reported at the close of an episode if it has been at least 90 days from the last update.

The Mental Health module has a 90 day episode closing feature. Ninety days after all SPC End Dates and their respective Closing Reasons have been entered and processed with no new SPC activity, the episode will be closed with the next monthly HSRS update. The Episode End Date will reflect the last SPC End Date.

REPORTING FREQUENCY

Quarterly reporting is required on the module for each client. The Mental Health module provides for the option of monthly reporting of services.

First Quarter	January - March	Due April month-end
Second Quarter	April - June	Due July month-end
Third Quarter	July - September	Due October month-end
Fourth Quarter	October - December	Due February month-end

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-855 (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of
the State / County contract specified under the

Wisconsin Statutes, S. 46.031(2g)

HSRS MENTAL HEALTH MODULE

REGISTRATION - Screen M1 - New, Update, Error Correct or Inquiry

MODULE TYPE 9

Episode Key		1 Worker ID			2 Client ID			
3a Last Name		3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy)	5 Sex F M
6a Hispanic / Latino Y = Yes N = No	6b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander L = American Indian or Alaska Native W = White			7 Client Characteristics			8 MA Number	

MENTAL HEALTH INFORMATION

9a Commitment Status	9b Commitment Status Review Date	10 BRC Target Population	11 Presenting Problem (client perspective)	12 Diagnostic Impression Primary Axis III			13 County of Residence	14 Episode Closing Date
15 Social Support	16a No. of Minor Children	16b No. Living With Client	17 Veteran Yes / No	18 Referral	19 Case Review Date	20 Family ID	21 Local Data	

SERVICES - Screen M2 - New, Update, Error Correct or Inquiry

Prog. No. (U)	22 SPC/Subprogram	23 SPC Start Date	24 Provider Number	Units 25 Days 26 Other		27 SPC End Date	28 SPC End Reason	29 Delivery Date mm yyyy	30 SPC Review Date mm yyyy

CONSUMER STATUS - Screen M4 Required when BRC Target Population in Field 10 is Coded H or L.

31 BRC Target Population Update	32 Psychosocial and Environmental Stressors		33 Global Assessment of Functioning		34 Health Status	35 Health Care Appointment Health Vision Dental			36 Suicide Risk
37 Residential Arrangement	38 Daily Activity	39 Employment	40 Employment Level	41 Commitment Status Update		42 Criminal Justice System		43 Financial Supports	

OPTIONAL DATA - Screen 18 (Module Key:

Street Address	City	State	ZIP Code	County	Telephone ()
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Shaded areas are optional.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: Agency designated number indicating the primary worker assigned to the client/consumer; or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if worker sort is selected on any reports requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client/consumer.

CODES: Enter the 10 digit code identifying the primary worker or service provider.

NOTES: This is an agency assigned number. Provider ID's are also accepted.

PURPOSE: This data element is used to sort output reports for local agency use (such as case listings).

CLIENT ID (Field 2)

REQUIRED

DEFINITION: A unique identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

OR

Enter the 14 character HSRS client/consumer identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print the screen. Once the ID number is generated, use it on all future input.

PURPOSE: The data in this field is used to maintain client/consumer confidentiality while allowing reports to be produced on individual client/consumers for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 3a-d)

REQUIRED

DEFINITION: The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word None; if no middle initial and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the last or first name, nor are any other punctuation marks accepted.

PURPOSE: This information allows the system to generate a unique Client ID. This information is also employed to produce client listings for local agency use.

BIRTHDATE (Field 4)

REQUIRED

CODES: Enter the 8 digit birthdate of the client/consumer using month/day/full year. Example - May 16, 1988 is 05161988.

PURPOSE: This information allows the system to generate a unique Client ID. Birthdate is used to calculate the client/consumer's age for preparation of summary reports which compare the characteristics of the population area served, to assess issues of accessibility or unintended exclusion of age groups. Client/consumer age is an important variable in the epidemiology of mental illness and is associated with particular diagnostic clusters.

SEX (Field 5)

REQUIRED

DEFINITION: Client/consumer's gender.

CODES: F = Female
M = Male

PURPOSE: This information allows the system to generate a unique Client ID. A client/consumer's gender is an important variable in the epidemiology of mental illness and especially with respect to diagnostic clusters. In addition, as a demographic variable related to population characteristics, it reflects on the use of and access to mental health services by each sex.

HISPANIC/LATINO (Field 6a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

Field 6b

RACE (Field 6b)

REQUIRED

DEFINITION: The race of the client/consumer as determined by the client/consumer.
Code as many as apply up to all five.

CODES:

- A = Asian
- B = Black or African American
- W = White
- P = Native Hawaiian or Pacific Islander
- I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

PURPOSE: The race of the client/consumer is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service and equity can be examined.

CLIENT CHARACTERISTICS (Field 7)**REQUIRED**

DEFINITION: Description of the client/consumer according to selected personal, social and demographic factors.
Code as many as apply up to three.

CODES: Enter at least one and up to three codes from the list below that best describe the client/consumer.
A person receiving services reported on the Mental Health module is assumed to have a Client Characteristic of 02-Mental Illness.

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hearing impaired
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice client (adult only)
- 84 Repeated school truancy
- 37 Frail medical condition
- 38 Criminal justice system involvement (alleged or adjudicated)
- 72 Victim of abuse or neglect (alleged or adjudicated)
- 80 Homeless
- 90 Special study code (to be defined as need arises)
- 99 None of the above
- SPECIAL CHILDREN'S SERVICES CATEGORIES**
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

CLIENT CHARACTERISTICS (Field 7) - continued

NOTES: Client/consumer characteristics should identify up to three major needs or descriptors. The client characteristics defined below are of particular interest.

PURPOSE: This data will be used to assess outreach to and accessibility in relation to special client/consumer groups and to allow comparisons across the HSRS database outside of the Mental Health module. Client Characteristics can also be used in system planning.

CLIENT CHARACTERISTICS CODE DEFINITIONS

Code definitions not listed here can be found in the HSRS CORE Client Characteristics Field 7.

- 37 **Frail medical condition**
Include people who have difficulty in functioning or performing activities of daily living due to disability or medical condition.
- 38 **Criminal justice system involvement (alleged or adjudicated)**
Include people who may previously have been defined through the HSRS CORE Codes of: 66-Delinquent, 73-Family member of delinquent, 68-CHIPS - other, 69-JIPS - status offender, 70-Family member status offender, 33-Corrections/criminal justice system clients (adults only).
- 72 **Victim of abuse or neglect**
Include people who may previously have been defined through the codes of Victim of domestic abuse (71), Abused/neglected elder (57), CHIPS (61, 62, and 63) in HSRS CORE.
- 80 **Homeless**
Include people who are either: Unsheltered, in which case the person is sleeping in public or private places not designated for, or ordinarily used as, a regular place for people to sleep; or, Sheltered, in which case the person is living in emergency, transitional, domestic violence, or youth shelters, or using vouchers for hotels/motels.
- 84 **Repeated school truancy**
- 90 **Special study code**
This code will be used only for specifically defined time limited studies. An announcement will be sent to agencies indicating the purpose and duration of the study for use of this code.

MA NUMBER (Field 8)

REQUIRED IF MA ELIGIBLE

CODES: Enter the client's 10 digit medical assistance number.

NOTES: This field should be updated if the client/consumer becomes eligible during the treatment episode.

PURPOSE: This data is used to match client/consumers served with other DHFS data bases for analysis purposes. Types of analysis include depiction of expenditure data allowing a more complete picture of the resources consumed by this client/consumer population. This information will be used to assess point in time MA eligibility of client/consumers served through the public mental health system.

COMMITMENT STATUS (Field 9a)

REQUIRED

DEFINITION: Voluntary - a person who voluntarily seeks services.

Involuntary civil - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

Involuntary criminal - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial,
- found "not guilty by reason of insanity" or "guilty but insane",
- transfers from correctional institutions.

CODES:

- 1 Voluntary
- 2 Voluntary with settlement agreement
- 3 Involuntary civil - Chapter 51
- 4 Involuntary civil - Chapter 55
- 5 Involuntary criminal

NOTES: This field relates specifically to CH 51 and CH 55 and represents commitment status of the client/consumer at the beginning of treatment episode. This field should be updated if beginning a new episode.

PURPOSE: This item can be of importance in understanding variations in differential length of episode/contact with an agency or in the types of services a client/consumer may receive. In addition, it helps to characterize important variations in client/consumer mix across mental health agencies, which can explain staffing variations and cost differences.

COMMITMENT STATUS REVIEW DATE (Field 9b)

OPTIONAL

DEFINITION: Date when the commitment status review is due to take place.

CODES: Enter the eight digit date in the format month/day/full year. This is a future date.

PURPOSE: For local use in case monitoring/case management.

BRC TARGET POPULATION (Field 10)

REQUIRED

DEFINITION:

This is an overall clinical assessment of service needs and should reflect the current rating of the consumer's needs (the six month update). The BRC Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.

Persons in Need of Ongoing, High Intensity, Comprehensive Services - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings; confinement in jail; homelessness; and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

Persons in Need of Ongoing Low Intensity Services - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

Persons in Need of Short-Term Situational Services - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or

BRC TARGET POPULATION (Field 10) - continued

DEFINITION: counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

CODES:

- H Persons in need of ongoing, high intensity, comprehensive services
- L Persons in need of ongoing, low intensity services
- S Persons in need of short-term situational services

NOTES: The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, and 4 as of 1-1-2002.

People who begin a treatment episode with a BRC Target Group code of H or L are required to have Consumer Status Data Set (CSDS) fields 31 through 43 completed at the beginning of the treatment episode, every six months thereafter, and at episode close.

PURPOSE: To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

This data will be used to support the efforts of the Department to meet the expectations of the Governor's Blue Ribbon Commission Report (1999) and the requirements of the Federal Mental Health Block Grant.

PRESENTING PROBLEM (Field 11)

REQUIRED

DEFINITION: The presenting problem(s) from the client/consumer's perspective at the beginning of a treatment episode is the reason why the client/consumer is entering for services.

CODES: Enter at least one and up to three codes from the list below.

- 01 Marital/family problem
- 02 Social/interpersonal (other than family problem)
- 03 Problems coping with daily roles and activities (includes job, school, housework, daily grooming, financial management, etc.)
- 04 Medical/somatic
- 05 Depressed mood and/or anxious
- 06 Attempt, threat, or danger of suicide
- 07 Alcohol
- 08 Drugs
- 09 Involvement with criminal justice system
- 10 Eating disorder
- 11 Disturbed thoughts
- 12 Abuse/assault/rape victim
- 13 Runaway behavior
- 14 Emergency detention

PURPOSE: Many operations find the reasons why client/consumers are entering for services as valuable as diagnostic groupings in describing their case load. They are used as both a complement and an alternative to diagnosis in presenting typologies for the client/consumers served.

DIAGNOSTIC IMPRESSION (Field 12)

REQUIRED

DEFINITION: The current diagnosis of the client/consumer's condition per DSM IV on Axis I and/or Axis II and/or Axis III.

**Axis I Clinical Disorders
 Other Conditions That May Be a Focus of Clinical Attention**

Axis II Personality Disorders, Mental Retardation

Axis III General Medical Conditions

NOTES: Axis I includes all the varying clinical disorders and includes Substance Disorders.
Axis I codes must be used for primary when the BRC Target Population is H.

Axis II is for reporting Personality Disorders and Mental Retardation. However, Mental Retardation diagnoses may not be reported as the first diagnosis entered.

Axis III is used for reporting current general medical conditions (per ICD9) that are potentially relevant to the understanding and management of the consumer's mental disorder. The general medical condition(s) that do not demonstrate sufficient relationship to an Axis I status should still be recorded here, due to potential relationship and prognosis in treatment.

CODES: The first diagnosis entered should be an indication of the primary reason the individual is receiving services and should be either Axis I or Axis II. Enter up to four (4) Axis I or Axis II diagnoses. Enter one (1) Axis III diagnosis in the last section of Field 12 when applicable.

PURPOSE: This information will be used to provide a description of client/consumers served.

The issue of concurrent disabilities among client/consumers who have mental illness is a critical one. Of concern are such groups with mental illness who also are diagnosed with substance abuse problems, communication disorders, visual or hearing impairments, physical/medical problems, and those who have developmental disabilities or mental retardation. The presence of multiple disabilities may account for unique referral patterns, for whether case management action related to the client/consumer is appropriate, and, significantly, for whether client/consumers who are multiply disabled place greater demands on the resources of an organization.

COUNTY OF RESIDENCE (Field 13)**REQUIRED****DEFINITION:** County where the client/consumer resides.

<u>CODES:</u>	01	Adams	37	Marathon
	02	Ashland	38	Marinette
	03	Barron	39	Marquette
	04	Bayfield	40	Milwaukee
	05	Brown	41	Monroe
	06	Buffalo	42	Oconto
	07	Burnett	43	Oneida
	08	Calumet	44	Outagamie
	09	Chippewa	45	Ozaukee
	10	Clark	46	Pepin
	11	Columbia	47	Pierce
	12	Crawford	48	Polk
	13	Dane	49	Portage
	14	Dodge	50	Price
	15	Door	51	Racine
	16	Douglas	52	Richland
	17	Dunn	53	Rock
	18	Eau Claire	54	Rusk
	19	Florence	55	St. Croix
	20	Fond du Lac	56	Sauk
	21	Forest	57	Sawyer
	22	Grant	58	Shawano
	23	Green	59	Sheboygan
	24	Green Lake	60	Taylor
	25	Iowa	61	Trempealeau
	26	Iron	62	Vernon
	27	Jackson	63	Vilas
	28	Jefferson	64	Walworth
	29	Juneau	65	Washburn
	30	Kenosha	66	Washington
	31	Kewaunee	67	Waukesha
	32	La Crosse	68	Waupaca
	33	Lafayette	69	Waushara
	34	Langlade	70	Winnebago
	35	Lincoln	71	Wood
	36	Manitowoc	72	Menominee
			73	Out of State

PURPOSE: This field allows multi-county agencies to identify specific counties within their catchment area. Also allows for identifying those clients/consumers who are out of county residents.

EPISODE CLOSING DATE (Field 14)

OPTIONAL

DEFINITION: The date all mental health services are completed and the case is closed.

CODES: Enter an 8 digit number in the format of month/day/full year. Must be earlier than or equal to the current date.

NOTE: The module will automatically close an episode when all SPCs for this client/consumer have been closed for 90 days. The Episode Closing Date then becomes the date the last SPC was closed.

PURPOSE: This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

SOCIAL SUPPORT (Field 15)

OPTIONAL

DEFINITION: The client/consumer's family/interpersonal relationship status at time of admission in terms of the frequency and quality of contact.

CODES: Family/Marital/Interpersonal Relationships

- 01 Very frequent contact - positive contact
- 02 Frequent or more often - usually positive contact
- 03 Occasional or more often - contact sometimes positive, sometimes negative
- 04 Contact is usually negative
- 05 Little or no social support

NOTES: Social support is an overall assessment of the client/consumer's familial, marital, significant other, or close friend/intimate relationships as follows:

<u>Positive</u>	constructive, harmonious, compatible, close relationships with differences or conflicts being worked out;
<u>Negative</u>	destructive, incompatible, distant relationships with unresolved differences or conflicts;
<u>Very Frequent</u>	at least daily;
<u>Frequent</u>	at least weekly;
<u>Occasional</u>	at least monthly;
<u>Significant Others</u>	spouse, children, parent, or close friends or intimates.

PURPOSE: This data has implications for prognosis in terms of potential availability of a support system and figures significantly in the epidemiology of mental illness.

NUMBER OF CHILDREN (Field 16a)

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE OPTIONAL

DEFINITION: The total number of client/consumer's children under the age of 18 years.

NUMBER OF CHILDREN LIVING WITH THE CLIENT (Field 16b)

REQUIRED FOR BRC TARGET POPULATION CODE H - ALL ELSE OPTIONAL

DEFINITION: Total number of children under the age of 18 years living with the client/consumer and for whom the client/consumer has custody.

PURPOSE: This data can be used to provide some indication of the client/consumer's support system.

VETERAN STATUS (Field 17)

OPTIONAL

DEFINITION: A veteran is any person who has served on active duty in the Armed Forces of the United States, including the Coast Guard. Not counted are those whose only service was in the Reserves, National Guard, or Merchant Marine.

CODES: N = No, not a Veteran
Y = Yes, has served on active duty

PURPOSE: Veteran status may be associated with particular diagnostic clusters or presenting problems, and may also be a pointer for the need to check on client/consumer history in other mental health service systems.

REFERRAL SOURCE (Field 18)

OPTIONAL

DEFINITION: The individual or agency that referred the client/consumer for services.

- 01 Self
- 02 Family or friend
- 03 Law enforcement (except court or correction agency)
- 04 Court or correction agency
- 05 School system or education agency
- 06 Social service agency
- 07 Inpatient or residential
- 08 Physician/health care provider
- 99 Other

PURPOSE: This is valuable information in a marketing sense, as well as in a clinical sense. Managerially, it is prudent to know the sources that are referring client/consumers to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source or referral is a variable of potential significance in developing a typology of client/consumers and in understanding the course of the episode of illness, differences in utilization patterns, or the client/consumer's prognosis.

CASE REVIEW DATE (Field 19)

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

NOTES: Order the L220 report.

PURPOSE: For local use in case monitoring/case management. This field is used for generating the L220 report which is sorted by Worker ID (Field 1).

FAMILY ID (Field 20)

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client/consumer as the one the entire family will be grouped under on output reports. All other client/consumers in a given family grouping should be given the same Family ID but ending with a B.

PURPOSE: For local use in case monitoring/case management.

LOCAL DATA (Field 21)

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect information needed by the agency.

PURPOSE: For local use in case monitoring/case management.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (SPC) (Field 22)**REQUIRED****DEFINITION:**

The specific service (SPC) provided to the client/consumer. The subprogram relates to narrower program initiatives and should be used if appropriate. The following are Mental Health module SPCs which require Unit of Service reporting. Any other appropriate SPCs provided to the client/consumer should be reported even though they may not be listed here. Do not use CORE Cluster SPC codes. SPCs are defined in Appendix E.

SPC/SUB CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
<u>Inpatient</u>			
503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institution for mental disease	Days
<u>Residential</u>			
202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days
705	10	Residential intoxication monitoring	Days
<u>Partial Day</u>			
108		Work related services	Hours
615		Supported employment	Hours
706		Day center services non-medical	Hours
<u>Outpatient</u>			
303		Juvenile probation and supervision	Hours
507		Counseling/therapeutic resources	Hours
507	10	Medication management	Hours
507	20	Individual	Hours
507	30	Group	Hours
507	40	Family (or couple)	Hours
507	50	Intensive in-home	Hours
507	60	Family support	Hours
704		Day treatment-medical	Hours
<u>Emergency</u>			
501		Crisis intervention	Hours
503	20	Emergency room	Hours
<u>Other</u>			
509		Community support	Hours
604		Case management	Hours

CODES:

Enter the 3 digit SPC code (and the 2 digit subprogram code if applicable).

PURPOSE:

This information is used to determine the type of services client/consumers receive; it is also used to develop cost centers for cost analyses.

SUBPROGRAM DEFINITIONS (Field 22) - continued

- 503/10 Emergency detention (days)
Covered in the Wisconsin Mental Health Act, s. 51.15, Stats.
- 503/20 Emergency room (hours) hospital setting
- 507/10 Outpatient - medication management
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.
- 507/20 Outpatient - individual
Goal directed, face-to-face therapeutic intervention (including insight oriented, behavior modifying or supportive psychotherapy) with the eligible consumer that focuses on the mental health needs of the consumer.
- 507/30 Outpatient - group
Goal directed, face-to-face therapeutic intervention with the eligible consumer and one or more consumers who are treated at the same time which focuses on the mental health needs of the consumer in the group. Group shall not exceed 10 clients/consumers and 2 therapists.
- 507/40 Outpatient - family or couple
Goal directed face-to-face therapeutic intervention with a minimum of two family members that may include the consumer. Services may be in a clinic, home, community or educational setting.
- 507/50 Outpatient - intensive in-home
Flexible, time limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24 hour accessibility by the family as needed, and intensive supervision by staff.
- 507/60 Outpatient - family support
Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, but not limited to: teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified consumer while the caregiver is preparing meals or coming to the home to be sure that a child is up and ready to go to school.
- 705/10 Residential intoxicification monitoring
HFS 75.09 residential intoxicification monitoring service means a service providing 24 hour per day observation by a non-medical staff to monitor the resolution of alcohol or sedative intoxicification and to monitor alcohol withdrawal.

SPC START DATE (Field 23)

REQUIRED

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter an 8 digit number in the format month/day/full year.

PURPOSE: The data collected here is used to separate closed cases from active client/consumers within an SPC. When SPC End Date and/or Unit of Service information is added to this data, average length of service, service duration, and average service intensity information is generated.

PROVIDER NUMBER (Field 24)

REQUIRED

DEFINITION: The number assigned by DHFS to identify the agency, facility, or person that is delivering the SPC to the client/consumer.

CODES: Enter the appropriate 10 digit identification number of the provider or worker who delivers this SPC to the client/consumer. Provider numbers are assigned by the state and may be obtained by contacting the SOS Desk. Worker ID numbers can also be used.

NOTES: See Appendix H of this handbook for instructions on requesting Provider Numbers. The terminal operator can do an on-line inquiry of HSRS provider numbers.

PURPOSE: This information is used to produce various reports for local agencies.

UNITS - DAYS (Field 25)

REQUIRED FOR APPROPRIATE SPCS

DEFINITION: The number of days of care provided for the following SPCs:**Inpatient**

503		Inpatient	Days
503	10	Emergency detention	Days
505		DD center/nursing home	Days
925		Institute for mental disease	Days

Residential

202		Adult family home	Days
203		Foster home	Days
204		Group home	Days
205		Shelter care	Days
504		Residential care center	Days
506		CBRF	Days
705		Detox-social setting	Days

CODES: Enter up to 3 digits.**NOTES:** Inpatient or residential program codes not listed here may be used.**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

UNITS - OTHER (Field 26)

REQUIRED FOR APPROPRIATE SPCS

DEFINITION: The number of program activity units the client/consumer has received.**CODES:** This is a 5 digit field with a maximum of 2 decimal places. Enter the appropriate number of hours and fractions of hours to the nearest quarter hour for the following SPCs:**Partial Day**

108	Work related services	Hours
615	Supported employment	Hours
706	Day center services non-medical	Hours

Outpatient

303	Juvenile probation and supervision	Hours
501	Crisis intervention	Hours
503	20 Emergency room	Hours
507	Counseling/therapeutic resources	Hours
507	10 Medication management	Hours
507	20 Individual	Hours
507	30 Group	Hours
507	40 Family (or couple)	Hours
507	50 Intensive in-home	Hours
507	60 Family support	Hours
704	Day treatment-medical	Hours
509	Community support	Hours
604	Case management	Hours

NOTES: Other non-inpatient or non-residential codes may be used.**PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

SPC END DATE (Field 27)**REQUIRED****DEFINITION:** The date on which service in this SPC ended.**CODES:** Enter an 8 digit number in the format month/day/full year.**PURPOSE:** When this information is added to SPC Start Date and/or Units of Service data reports can be generated identifying average lengths of service or service duration and/or average service intensity. This field is also used to separate closed from active client/consumers within an SPC.**SPC CLOSING REASON (Field 28)****REQUIRED FOR MENTAL HEALTH SPCS LISTED IN FIELD 22.****DEFINITION:** The reason the service (SPC) was closed.**NOTES:** SPC Closing Reason is required for SPCs listed in Field 22 of the handbook and deskcard.

Treatment Not Completed	<u>CODES:</u>	01	Completed service - major improvement
		02	Completed service - moderate improvement
		03	Completed service - no change
		----	----
		04	Formally transferred to another community based resource
		05	Administratively discontinued service (i.e., no contact with agency for 90 days or noncompliance).
		06	Referred
		07	Withdrew against staff advice or services not wanted
		08	Funding/authorization expired
		09	Incarcerated (local jail or prison)
		10	Entered nursing home or institutional care (IMD, RCC, etc.)
		----	----
		11	No probable cause
		99	Death

Level of Improvement Explanation (Major, Moderate, No Change)

For client/consumers who have completed services (code 01, 02, 03) in inpatient, outpatient, day services, or residential treatment, an overall rating of the client/consumers condition at discharge.

Major improvement means that most or all areas have improved and there is a good prognosis;

Moderate means that some areas have improved but the prognosis is guarded or fair.

PURPOSE: To allow for evaluation of service outcome.

DELIVERY MONTH/YEAR (Field 29)

REQUIRED

DEFINITION: The month and year during which units of an SPC were delivered. If reporting quarterly, enter the third month of the quarter.

CODES: Enter a six digit number in the format of month/full year.

PURPOSE: To allow for production of reports connected to a particular month/year.

SPC REVIEW DATE (Field 30)

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

NOTES: Order the L330 report.

PURPOSE: For local use in case monitoring/case management.

BRC TARGET POPULATION UPDATE (Field 31)

REQUIRED

DEFINITION:

This is an update of the overall clinical assessment of service needs (Field 10) and should reflect the *current* rating of the consumer's needs (the six month update). The six month update is required if the initial BRC code was H or L. The Blue Ribbon Commission (BRC) Target Groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of consumers' service needs at a point in time.

Persons in Need of Ongoing, High Intensity, Comprehensive Services - have a primary diagnosis of a major mental illness or severe emotional disturbance, and they have substantial needs for psychiatric and medical treatment, including substance abuse, daily living skills, budgeting, job training, family support and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. Persons in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these persons will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions, and other supervised settings, confinement in jail, homelessness, and increased harm to self.

These persons will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

Persons in Need of Ongoing Low Intensity Services - have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These persons need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, and/or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services, however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

Persons in Need of Short-Term Situational Services - experience situational crises, such as divorce, death of parent, spouse or significant other, or severe trauma, such as sexual abuse, physical abuse, or neglect, that may contribute to a mental health problem. They require short-term support, treatment, or

BRC TARGET POPULATION UPDATE (Field 31) - continued

DEFINITION: counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate, early identification and diagnosis, short-term counseling, and treatment the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

CODES:

- H Persons in need of ongoing, high intensity, comprehensive services
- L Persons in need of ongoing, low intensity services
- S Persons in need of short-term situational services

NOTES: The BRC Target Population Codes H, L, and S replace the use of Severity Codes 1, 2, 3, 4.

When BRC Target Population is H, the Primary Diagnostic Impression must be from Axis I.

Entries to Field 31 have no effect on Field 10.

PURPOSE: To determine differences in the service needs of people within the public mental health system. Monitor, review and assess change.

PSYCHOSOCIAL AND ENVIRONMENTAL STRESSORS - DSM IV, AXIS IV (Field 32)**REQUIRED**

DEFINITION: Current problems that may affect the diagnosis, treatment and prognosis of mental disorders.

<u>CODES:</u>	Code	Label	Acute Events	Enduring Circumstances
	1	None	No acute events that may be relevant to the disorder.	No enduring circumstances that may be relevant to the disorder.
	2	Mild	Such as broke up with boy or girlfriend; started or graduated from school; child left home.	Such as family arguments; job dissatisfaction; residence in high crime neighborhood.
	3	Moderate	Such as marriage; marital separation; loss of job; retirement; miscarriage.	Such as marital discord; serious financial problems; trouble with boss; being a single parent.
	4	Severe	Such as divorce; birth of first child; trauma victim; witnessing violence (community or domestic).	Such as unemployment; poverty.
	5	Extreme	Such as death of spouse; serious physical illness diagnosed; victim of rape.	Such as serious chronic illness in self or child; ongoing physical or sexual abuse.
	6	Catastrophic	Such as death of child; suicide of spouse; devastating natural disaster.	Such as captivity as hostage; concentration camp experience.
	0	Inadequate Information		

NOTES: Further description of problems can be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); relates not only to acute events but also to enduring circumstances.

PURPOSE: Provides well accepted information regarding level of stress and gives a more complete picture of the population being served.

GLOBAL ASSESSMENT OF FUNCTIONING - DSM IV, AXIS V (Field 33)

REQUIRED

DEFINITION: The clinician's judgment of the individual's current overall psychological, social and occupational improvement/status.

<u>CODES:</u>	Code	Description
	91 +	Superior functioning in a wide range of activities
	81-90	Absent or minimal symptoms, good functioning in all areas
	71-80	If symptoms are present, they are transient and expectable reaction to psychosocial stressors
	61-70	Some mild symptoms
	51-60	Moderate symptoms
	41-50	Serious symptoms
	31-40	Some impairment in reality testing or communication
	21-30	Behavior is considerably influenced by delusions or hallucinations
	11-20	Some danger of hurting self or others
	01-10	Persistent danger of severely hurting self or others
	00	Inadequate information

NOTES: Further description of the GAF Scale can be found in the DSM-IV.

PURPOSE: Monitor, review and assess change in an individual's goal attainment over time. Proxy for adequacy of services and supports that are provided, given current functioning and symptoms.

HEALTH STATUS (Field 34)**REQUIRED**

DEFINITION: This domain refers to the consumer's current physical health.

CODES:

1 No Health Condition

2 Stable/**Capable**

Person **is capable** of seeking medical attention and is independent in management of health condition.

Stable Health Conditions

Has a health condition(s) and is stable. Minimal medical interventions are needed. No hospitalizations or emergency room use. Medications and treatments are effective in managing or alleviating symptoms. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, arthritis, and infections. This is not an inclusive list.

3 Stable/**Incapable**

Person **is incapable** or unwilling to seek medical attention and cannot manage health condition independently.

4 Unstable/**Capable**

Person **is capable** of seeking medical attention and is independent in management of health condition.

Unstable Health Conditions

Has a health condition(s) and is unstable. Frequent medical interventions are needed. Person may have periodic hospitalizations and emergency room use. Medications may change often in an attempt to stabilize medical condition(s). If more than one health condition, may result in complex medical treatments. Examples of these conditions could be hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, quadriplegia, paraplegia, osteoporosis, arthritis, and infections. This is not an inclusive list.

5 Unstable/**Incapable**

Person **is incapable** or unwilling to seek medical attention and cannot manage health condition independently.

6 New Symptoms/**Capable**

Person **is capable** of seeking medical attention and independently follows through with recommendations.

New Symptoms

Person has new symptoms not related to currently diagnosed health conditions. This could include frequency of urination, bowel changes (diarrhea or constipation), skin changes, falls, dizziness, weight loss/gain, fatigue, pain, tremors, loss of vision/hearing, infections. This is not an inclusive list.

7 New Symptoms/**Incapable**

Person **is incapable** or unwilling to seek medical attention and does not follow through with recommendations.

9 Unknown

NOTES: This field is not intended to reflect the availability of service or the ability of the consumer to afford the cost of a service.

PURPOSE: A consumer's ability or inability to access medical care for health conditions may impact his/her mental health status and overall functioning. A consumer's physical health may have direct effect on the types or complexity of the services and supports needed to support recovery. May indicate necessity of coordinating treatment and/or the potential of drug interaction.

HEALTH CARE APPOINTMENT (Field 35)**REQUIRED**

DEFINITION: This domain refers to whether the consumer has accessed health care in the past six months.

CODES: Enter three.

	Kept Appointment or No Appointment Needed	Unable to Access Needed Services	Did Not Keep or Refused Appointment	Unknown
Health care appointment	1	2	3	9
Vision care appointment	1	2	3	9
Dental care appointment	1	2	3	9

NOTES: Unable to Access Needed Services includes: No provider available, no transportation available, unable to pay for services, provider refused to accept consumer.

PURPOSE: Evaluate links to Primary Care. (This is a recommended MH/AODA Managed Care performance indicator.) Track access and delivery of primary health care among public mental health consumers.

SUICIDE RISK (Field 36)**REQUIRED**

DEFINITION: Identify the presence of suicide risk factors and reflect the current status.

CODES:

Code	Label	Definition
1	No risk factors	
2	Presence of risk factors	Presence of risk factors, but no immediate risk. Risk factors include: <ul style="list-style-type: none"> • Family history of mental or substance abuse disorder • Family history of suicide • Firearm in the home • Incarceration • Adverse life events/major personal loss • Family violence, including physical or sexual abuse
3	High potential for suicide	Has at least one of these risk factors: <ul style="list-style-type: none"> • Development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt • Severe hopelessness • Presence of a suicide note • Contemplation or use of a violent or especially lethal method • Affirmation of intent to kill self • Making out a will or giving away favorite possessions • Inappropriately saying goodbye • Explicit statements of suicidal ideation or feelings
9	Unknown	

PURPOSE: To determine risk level of potential suicide of population in public mental health service system.

RESIDENTIAL ARRANGEMENT (Field 37)**REQUIRED**

DEFINITION: The category that describes the consumer's current residential situation.

<u>CODES:</u>	Code	Label	Definition/Example
	1	Street or shelter	Homelessness; transient, hotel
	2	Private residence or household	Such as apartment or house; owned or rented
	3	Supported or semi supervised residence	Board and care, supervised apartments, YMCA/YWCA, safe house for children
	4	Specialized facility - on-site supervision	Such as assisted living facility, residential care apartment complex, adult family home, CBRF, halfway house, group home, adult foster home, foster/respite care, treatment foster care, residential care center, domestic abuse shelter
	5	Other institution	Such as hospital, nursing home, IMD, DD center, state institution
	6	Jail or correctional facility	

PURPOSE: Describes where the person lives and change of that residence over time.

DAILY ACTIVITY (Field 38)**REQUIRED**

DEFINITION: The current planned activity (including education) of the consumer. Does not include employment activities. Must enter one and may enter up to three codes.

<u>CODES:</u>	Code	Label	Definition/Example
	1	No educational, social, or planned activity	Not in job training, not in school
	2	Part-time educational activity	Part-time appropriate to the type of school (elementary, high school, college, technical)
	3	Full-time educational activity	Full-time appropriate to the type of school (elementary, high school, college, technical)
	4	Meaningful social activity	Socializing, support network, routine
	5	Volunteer or planned formal activities	Clubs, drop-in
	6	Other activities	Activities of homemaking, caregiving
	9	Unknown	Information not available

PURPOSE: Provides a measure of consumer's level of independence and involvement in the community.

EMPLOYMENT (Field 39)**REQUIRED**

DEFINITION: The current employment activity of the consumer. Enter one code.

<u>CODES:</u>	Code	Label	Definition/Example
	1	Competitive	Employment (part or full-time) in a real (i.e., market) job
	2	Temporary	Include seasonal employment
	3	Supported	Competitive employment with ongoing long-term support (i.e., the consumer and their employer are actively supported by a CSP team) to structure the job or work environment
	4	Sheltered	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
	5	Prevocational activity	Job training, transitional, vocational rehab
	6	Not working	Wants to work, looking for work and available to accept a job
	7	Unemployed/retired	Uninterested in employment
	8	Other status	Homemaker, student, caregiver, SSI disabled
	9	Not in the labor force	Institutionalization, incarceration, medical reason, other
	99	Unknown	

PURPOSE: Provides a measure of consumer's level of independence.

EMPLOYMENT LEVEL (Field 40)

REQUIRED

DEFINITION: If employed (Field 39 codes 1-5), indicate the current hours worked per the following categories.

<u>CODES:</u>	Code	Label	Definition
	1	Full-time	Totaling 35 or more hours per week. Includes working both full-time and part-time jobs
	2	Part-time	20 - 34 hours per week
	3	Other part-time	Less than 20 hours per week

COMMITMENT STATUS UPDATE (Field 41)

REQUIRED

DEFINITION: Voluntary - a person who voluntarily seeks service.

Involuntary Civil - a person committed for a noncriminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

Involuntary Criminal - a person committed pursuant to one of the following:

- charges and/or convictions pending, determination of competency to stand trial
- found not guilty by reason of insanity or guilty but insane
- transfers from correctional institutions

<u>CODES:</u>	
1	Voluntary (No commitment status)
2	Voluntary with settlement agreement
3	Involuntary civil - Chapter 51
4	Involuntary civil - Chapter 55
5	Involuntary criminal

NOTES: updated This field relates specifically to CH 51 and CH 55 and represents an commitment status of the client/consumer.

Identify the category that reflects the consumer's current commitment status. This field is a point in time update of the information provided at episode beginning.

INCARCERATION/INVOLVEMENT WITH CRIMINAL JUSTICE SYSTEM (Field 42)**REQUIRED**

DEFINITION: Within the last six months. Must enter one (1); may enter up to four (4).

Probation	The court sentences a person to probation with certain requirements: i.e., sentenced to five years probation; have to report regularly to probation officer; have to attend AODA treatment; have to provide restitution, etc. If a person fails his/her probation, they have to go through the court system and be sentenced again.
Jailed	Means county jails.
Imprisoned	Means state prisons, federal prisons, or forensic units of state hospitals.
Parole	Already imprisoned and is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, doing random urine tests for drugs, etc. If a person fails on parole, he/she is immediately returned to prison.
Juvenile Justice System	<ul style="list-style-type: none"> Juvenile Correction Institution (JCI) Youth Corrective Sanctions Program (YCSP) = in-home intensive community based programming for youth who have been in JCI Youth Leadership Training Center (YLTC) = 4-5 month residential program for male youth ages 14-17

CODES:

Code	Term
1	None
2	On probation
3	Arrest(s)
4	Jailed/imprisoned (includes Huber)
5	On parole
6	Juvenile justice system contact
9	Unknown

PURPOSE: To measure level of MH consumer criminal justice involvement.

FINANCIAL SUPPORTS (Field 43)

REQUIRED

DEFINITION: Identify the consumer's primary source(s) of financial support. Must enter one (1), may enter four (4); include all that apply for the current point in time.

CODES:

- 1 Paid employment
- 2 Social Security retirement benefits/pension
- 3 Government disability support - Supplemental Security Income (SSI), SSDI
- 4 Disability payments - VA or private policy
- 5 Worker's compensation
- 6 Food stamps
- 7 Temporary Assistance for Needy Families (TANF) - formerly AFDC
- 8 Trust funds/savings income
- 9 Alimony/maintenance, child support
- 10 Unemployment compensation
- 11 Relatives and/or spouse
- 12 Rent supplements - HUD, Section 8
- 13 County cash assistance - county replacement for General Relief
- 14 None
- 15 Other
- 99 Unknown

PURPOSE: Provides information on how individuals support themselves.

BIRTH TO 3 PROGRAM MODULE

GENERAL INFORMATION

Birth to 3 is a comprehensive, statewide system of community-based, family-centered services for young children and their families. The program is designed to assist families in meeting the special developmental needs of their infants and toddlers with developmental delays or disabilities. The Department of Health and Family Services (DHFS) is the lead agency for this interdisciplinary program that brings together resources from the fields of education, health, and social services to meet the special needs of these young children and their families. Services for a particular child or family are identified on an individualized basis depending on the strengths and needs of the child and the concerns and priorities of the family.

Reporting for the Birth to 3 Program is required by chapter HFS 90.05(3)(a) and 90.06(2)(o), Wis. Administrative Code. Data from the reports are used to meet the December 1 Child Count reporting requirements of the U.S. Department of Education, Office of Special Education and Rehabilitative Services, as authorized under 20 U.S.C. 1476(b)(14) and 1418(b)(1) and (5). Data retrieved from the Birth to 3 module is also used in preparation of the Annual Report submitted to the Governor and each house of the legislature. In 2002, HSRS child count data was used as a part of the allocation methodology for new funds.

For reporting purposes, a client is a child who has been found eligible for Birth to 3 services and has an Individualized Family Service Plan (IFSP) in place.

REPORTING FREQUENCY

Data must be entered on the Birth to 3 module quarterly for all children participating in the Birth to 3 Program. The data at the end of each quarter (March 30, June 30, September 30, and December 30) must accurately reflect current information about all children in the county system, active or closed. This is particularly important now that the HSRS data is used to determine if therapy providers should receive enhanced reimbursement for therapy provided to eligible Birth to 3 children in natural environments. All children who have IFSPs in place on December 1 must be entered by December 30 to ensure accurate child count reporting to the Federal government.

When children leave the Birth to 3 Program, close the module by the end of the quarter and no later than December 30. There is no requirement for monthly or semimonthly reporting, although the option to use the system on a monthly basis is available to counties.

HSRS BIRTH TO THREE PROGRAM MODULE

REGISTRATION - Screen 68				MODULE TYPE O			
1 Worker ID			2 Client ID			3 Social Security Number	
4a Last Name			4b First Name		4c Middle Name		4d Suffix
5 Birthdate (mm) (dd) (yyyy)	6 Sex F M	7a Hispanic / Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White			8 Client Characteristics	
9 Referral Date	10 Referral Source	11 County of Residence	12 Location of Services Primary	13 Start Date	14 Closing Date	15 Closing Reason	

SERVICE - Screen 69						
16 Service	17 Service Start Date	18 Service End Date	19 Units	20 Delivery	21 Provider Number	22 Service Review Date (mm) (yyyy)

OPTIONAL DATA - Screen 18 (Module Key: _____)						
Street Address			City		State	Zip Code
County	Telephone Number ()		Case Review Date		Diagnosis	Family ID
Local Data						

Shaded areas are optional.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The worker collecting the Birth to Three Program information on the client.

CODES: Enter the ten digit number identifying the person collecting the client information.

NOTES: Must be 10 digits and must be a valid number on the HSRS Worker File.
This field may be used for sorting and distribution of output reports.

CLIENT ID (Field 2)

REQUIRED - COMPUTER GENERATED

DEFINITION: A unique computer generated identifier for each individual reported on HSRS. Three data elements, full legal name, birthdate, and sex, produce a fourteen character identifier which bears no resemblance to the client's name.

CODES: Leave blank if name is reported.
OR
Enter the 14 character HSRS Client Identification Number - one letter followed by 13 numbers.

NOTES: The ID will be generated and returned on the terminal entry screen. Copy ID down or print the screen. Once the ID number is generated, use it on all future input.

SOCIAL SECURITY NUMBER (Field 3)

REQUIRED

CODES: Enter the client's 9 digit Social Security Number. Leave blank if the number is not available.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Field 4a - d)

REQUIRED TO GENERATE ID - THEN OPTIONAL

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

CODES: Enter the full legal name of the client. If the client has no legal first name enter the word None; if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or a blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the last or first name, or any other punctuation marks are accepted.

BIRTHDATE (Field 5)

REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.
Example - May 16, 1996 is 05161996.

SEX (Field 6)

REQUIRED

CODES: F = Female
M = Male

HISPANIC/LATINO (Field 7a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 7b)

REQUIRED

DEFINITION:
as

The race of the client as determined by the client's parents or guardian. Code many as apply up to all five.

CODES:

A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original people of North, South and Central America.

CLIENT CHARACTERISTICS (Field 8)

REQUIRED

DEFINITION: Describes the child according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply, up to three.

CODES:

07	Blind/visually impaired
08	Hard of hearing
32	Blind/deaf
79	Deaf
09	Physical disability/mobility impaired
85	Severe health impairments
86	Severe emotional disturbance
19	Developmental disability - brain trauma
23	Developmental disability - cerebral palsy
25	Developmental disability - autism
26	Developmental disability - mental retardation
27	Developmental disability - epilepsy
28	Developmental disability - other or unknown - use for children who are significantly delayed in cognitive, physical, communication, social and emotional, or adaptive development.

NOTES: Update this field as appropriate.
Definitions can be found in the CORE section (Field 7) of this handbook.

REFERRAL DATE (Field 9)

REQUIRED

DEFINITION: The date on which the primary point of referral receives the referral of the child.

CODES: Enter an 8 digit number in the format month/day/full year.

REFERRAL SOURCE (Field 10)

REQUIRED

DEFINITION: The person or agency that contacts the point of referral to make the referral for the child.

CODES:

02	Parent or relative
04	Hospital or specialty clinic
05	School district
08	Physician
11	County social services agency
15	Public health agency
16	Head Start provider
17	Child care provider
18	Tribal health center
19	CSHCN regional center
20	Other health care provider
21	Other county staff
99	Other

04 Hospital or specialty clinic - includes physicians or other staff in hospitals, neonatal intensive care units (NICU), specialty care clinics.

08 Physician - refers to the primary care physician for the child such as pediatrician, family care physician.

11 County social services agency - includes child protective services or economic support staff.

15 Public health agency - includes public health department nurses, WIC clinic personnel, home visitors employed by public health department.

16 Head Start provider - includes Early Head Start and Head Start providers.

17 Child care provider - includes groups or family child care providers.

20 Other health care provider - includes health care providers not listed above.

21 Other county staff - includes staff not listed above from a human service department or department of community programs.

99 Other - refers to non-health care providers.

PURPOSE: Identifying referral sources will help evaluate the success of outreach, child find efforts, and interagency coordination at the local and state level. Programs will be able to analyze their success in reaching special target groups and identify specific groups for outreach. The information may assist programs in identifying other agencies the family is connected with.

COUNTY OF RESIDENCE (Field 11)**REQUIRED**

DEFINITION: The county in which the child being served by this program lives.

<u>CODES:</u>	01	Adams	37	Marathon
	02	Ashland	38	Marinette
	03	Barron	39	Marquette
	04	Bayfield	40	Milwaukee
	05	Brown	41	Monroe
	06	Buffalo	42	Oconto
	07	Burnett	43	Oneida
	08	Calumet	44	Outagamie
	09	Chippewa	45	Ozaukee
	10	Clark	46	Pepin
	11	Columbia	47	Pierce
	12	Crawford	48	Polk
	13	Dane	49	Portage
	14	Dodge	50	Price
	15	Door	51	Racine
	16	Douglas	52	Richland
	17	Dunn	53	Rock
	18	Eau Claire	54	Rusk
	19	Florence	55	St. Croix
	20	Fond du Lac	56	Sauk
	21	Forest	57	Sawyer
	22	Grant	58	Shawano
	23	Green	59	Sheboygan
	24	Green Lake	60	Taylor
	25	Iowa	61	Trempealeau
	26	Iron	62	Vernon
	27	Jackson	63	Vilas
	28	Jefferson	64	Walworth
	29	Juneau	65	Washburn
	30	Kenosha	66	Washington
	31	Kewaunee	67	Waukesha
	32	La Crosse	68	Waupaca
	33	Lafayette	69	Waushara
	34	Langlade	70	Winnebago
	35	Lincoln	71	Wood
	36	Manitowoc	72	Menominee

NOTES: The county may or may not be the same as the county providing services to the child.

LOCATION OF SERVICES (Field 12)

REQUIRED

DEFINITION: The environment in which services are provided. Enter the primary location of services first. Code as many as apply up to three.

CODES:

- 1 Home
- 2 Family child care - is a setting designed for typically developing children. Most of the children in this setting do not have disabilities.
- 3 Child care center - is a setting designed for typically developing children. Most of the children in this setting do not have disabilities.
- 4 Outpatient services - are services provided at a center, clinic, or hospital where the child comes for short periods of time to receive services. These services may be delivered individually or to a small group of children.
- 5 Early intervention center - is a setting which refers to an organized program of at least 1 hour in duration provided on a regular basis. This is a setting designed for children with developmental delays or disabilities.
- 6 Hospital - child must be receiving service on an inpatient basis.
- 7 Residential - refers to a treatment facility which is not primarily medical in nature, where the child resides in order to receive early intervention services.
- 8 Other setting - is any service setting not included above. For example, if the child receives no direct services, count as Other.
- 9 Other program designed for typically developing children. Most of the children in this setting do not have disabilities.

START DATE (Field 13)

REQUIRED

DEFINITION: The date when the initial IFSP is developed.

CODES: Enter an 8 digit number in the format month/day/full year.

CLOSING DATE (Field 14)

REQUIRED

DEFINITION: The date the child leaves the Birth to 3 Program and no longer receives early intervention services. In most cases, this date should be no later than the child's third birthday. If the child receives services past the third birthday as part of transition follow-up, the closing date may be as late as 30 days past the third birthday. If the child has an IEP in place and receives continued services during the summer from the Birth to 3 Program, use the last date of services.

CODES: Enter an 8 digit number in the format of month/day/full year.

CLOSING REASON (Field 15)

REQUIRED

DEFINITION: The reason the child is leaving the program in the county.

CODES:

21	Turned 3, eligible for early childhood special education.
22	Turned 3, not eligible for early childhood special education. Referred to other programs.
23	Turned 3, not eligible for early childhood special education. Not referred to other programs.
24	Turned 3, special education eligibility not completed.
25	No longer in need of services. Successful completion of the IFSP prior to age 3.
26	Family chose to discontinue services
27	Moved within state
28	Moved out of state
29	Death of child
30	Attempts to contact the family were unsuccessful. Child under 3 and has an active IFSP. Include any other reasons for exiting prior to age 3.
31	Turned 3, but parents did not consent to transition planning.
32	Turned 3, not referred for an evaluation.

CLOSING REASON DEFINITIONS

- | | |
|----|--|
| 21 | <u>Turned 3, eligible for early childhood special education</u> - is for a child served in the Birth to 3 Program who reached maximum age and was determined to be <u>eligible</u> by an IEP team for early childhood special education services or related services (or speech therapy) during the reporting period. |
| 22 | <u>Turned 3, not eligible for early childhood special education. Referred to other programs</u> - includes a child served in the Birth to 3 Program who reached maximum age and was determined by an IEP team not to be eligible for early childhood special education services. The Birth to 3 Program staff discussed and explored other options at age 3 with the parents. |
| 23 | <u>Turned 3, not eligible for early childhood special education. Not referred to other programs</u> - is used for a child served in the Birth to 3 Program who reached maximum age and was determined by the IEP team <u>not to be eligible</u> for early childhood special education services. The Birth to 3 Program staff did not discuss other options at age 3 with the parents during a transition planning. |
| 24 | <u>Turned 3, special education eligibility not completed</u> - is used for a child who was referred for an evaluation to determine special education eligibility but eligibility has not yet been determined by an IEP team. See items 31 and 32 for reasons in which the child turned 3 but was not referred for a special education evaluation. |

CLOSING REASON (Field 15) - continued

CLOSING REASON DEFINITIONS (Field 15) - continued

- 25 No longer in need of services. Successful completion of the IFSP prior to age 3 - is used for a child who has met the outcomes on his or her IFSP, and no longer requires services under the Birth to 3 Program. The IFSP team, including the parents, makes this determination.
- 26 Family chose to discontinue services - is used for a child whose parents declined all services after an IFSP was in place and provided written or verbal indication of withdrawal from services.
- 27 Moved within state - is used for a child who moved within Wisconsin during the reporting period. This definition includes a child for whom services are known to be continuing in another county.
- 28 Moved out of state - is used for a child who moved out of Wisconsin during the reporting period.
- 29 Death of child - is used for a child who died during the reporting period.
- 30 Attempts to contact the parent and/or child were unsuccessful. Child is under 3 and has an active IFSP. Include other reasons for exiting prior to age 3 - is used for a child with an active IFSP who has not reached the maximum age and for whom Birth to 3 personnel have been unable to contact or locate the family or child after repeated, documented attempts.
- 31 Turned 3, but parents did not consent to transition planning - is used for a child who was not referred for an evaluation to determine special education eligibility because the parents did not consent.
- 32 Turned 3, not referred for an evaluation - is used for a child who was not referred for an evaluation because it was believed that he or she is not a child with a disability (as defined by special education law).

SERVICE (Field 16)

REQUIRED

DEFINITION: The services provided to the child.

<u>CODES:</u>	01	Assistive technology	09	Occupational therapy
	02	Audiology	10	Physical therapy
	03	Communication services	11	Psychological services
	04	Family education and counseling	12	Social work
	05	Health services	13	Special instruction
	06	Medical services	14	Transportation
	07	Nursing services	15	Vision services
	08	Nutrition services	16	Other
			17	Service coordination

NOTES: Services default to SPC 706 Day Center Services-non-medical.
Target Group defaults to 64 Children and Family.

SERVICE START DATE (Field 17)

OPTIONAL

DEFINITION: The date on which delivery of this service began.

CODES: Enter an 8 digit number in the format month/day/full year.

SERVICE END DATE (Field 18)

OPTIONAL

DEFINITION: The date on which delivery of this service ended.

CODES: Enter an 8 digit number in the format month/day/full year.

UNITS (Field 19)

OPTIONAL

DEFINITION: The number of service activity units the client has received. The type of units reported is at each agency's discretion and will only have local meaning.

CODES: Enter up to 3 whole numbers and 2 decimal places.

DELIVERY DATE - MONTH/YEAR (Field 20)

OPTIONAL

DEFINITION: The month and year during which units of a service were delivered.

CODES: Enter a 6 digit number in the format month/full year.

NOTES: Will default to the current month and year the data is being keyed.

PROVIDER NUMBER (Field 21)

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the service to the child.

CODES: Enter the 10 digit identification number of the provider.

NOTES: Provider numbers are assigned by the State and may be obtained by sending an e-mail message, faxing or mailing a request to the SOS Desk. (See Appendix H.)

SERVICE REVIEW DATE - MONTH/YEAR (Field 22)

OPTIONAL

DEFINITION: The date when the next review of this service is due to take place.

CODES: Enter the 6 digit date in the format month/full year.

NOTES: Order the L-330 (Review Date Tickler) to get a listing of reviews due.

LONG-TERM SUPPORT MODULE

COMMUNITY OPTIONS PROGRAM

The Community Options Program (COP) is Wisconsin's state funded nursing home preadmission screening and diversion program. In each county, the program is administered by a lead agency. The lead agency can be a human services department, a department of social services, a department of community programs or a joint department of community programs - department of social services, and aging departments.

MA COMMUNITY WAIVERS

The Medicaid Home and Community Based Services waivers permit the use of Medicaid funding to provide home and community based services not ordinarily allowed as state plan services under Wisconsin's Medical Assistance Program (WMAF).

CIP II AND COP-W

CIP II and COP-W provide funding for community services for elderly and physically disabled persons who are relocated or diverted from nursing homes. Some developmentally disabled persons who do not require active treatment may also be served under these waivers.

COMMUNITY INTEGRATION PROGRAM 1A (CIP 1A)

CIP 1A provides funding for community services for persons with developmental disabilities who are relocated or diverted from any of Wisconsin's State Centers for the Developmentally Disabled.

COMMUNITY INTEGRATION PROGRAM 1B (CIP 1B)

CIP 1B provides funding for persons relocated or diverted from ICF/MR facilities other than State DD Centers or from any licensed general nursing home.

BRAIN INJURY WAIVER (BIW)

The Brain Injury Waiver (BIW) provides funding for persons with traumatic brain injuries who are relocated or diverted from nursing home or hospital units designated by the Wisconsin Medical Assistance Program (WMAF) as facilities for brain injury rehabilitation.

CHILDREN'S LONG-TERM SUPPORT WAIVERS (CLTS-W)

CLTS-W are three separate Home and Community Based Services intended to provide support to families with children that have needs associated with developmental disability, physical disabilities, or severe emotional disturbances/mental illness. Services are intended to support continued community living at home with natural families.

COMMUNITY INTEGRATION PROGRAM CIP 1A AND 1B

The Community Integration Program 1A (CIP 1A) provides the option of living in the community and receiving community services. It serves individuals relocated or diverted from any of Wisconsin's three Centers for the Developmentally Disabled. CIP 1A allows the cost of covered home and community based services to be reimbursed by Medicaid. The program uses an individualized service planning process and promotes the integration of persons with developmental disabilities into the life of their communities. CIP 1A promotes the use of independent living arrangements or small residential settings and integrated work or educational sites as the preferred setting for services.

The Community Integration Program 1B (CIP 1B) provides the option of home and community based services to persons with developmental disabilities who would otherwise be served in any type of ICF-MR or nursing home excluding the State Centers for DD. Specifically, CIP 1B serves persons with a developmental disability who were residents of a Intermediate Care Facility for the Mentally Retarded (ICF-MR) other than the Centers for the Developmentally Disabled and relocate to the community or people who are eligible for admission to ICF/MR. CIP 1B is identical to CIP 1A in the types of services covered. Most of the administrative requirements of the program are the same as well.

An individual already living in the community may become a CIP 1A or 1B participant (with the approval of BDDS - Community Integration Specialists [CIS]), if they replace a CIP 1A or 1B participant previously living in the community, who left the program. In CIP 1B an individual living in the community may also enroll in CIP 1B if they receive approval/further service plan by State CIS.

Because CIP 1A and 1B must meet federal (as well as state) reporting requirements under the Medicaid program, the program participant (i.e., the Medicaid eligible individual for whom an individual service plan has been developed) must be reported on the HSRS.

CIP 1A/B also provide various options for waiver participants to manage their own services.

BRAIN INJURY WAIVER (BIW)

The Brain Injury Waiver (BIW) provides funding for the same home and community based services as CIP 1A and CIP 1B but serves only persons who have a brain injury as defined in 51.01(2)(g), Wis. Stats.

Brain injury is defined as any injury to the brain, regardless of age of onset, whether mechanical or infectious in origin, including brain trauma, brain damage and traumatic head injury. It includes injuries that are vascular in origin (CVA or aneurysm) if received by a person prior to his or her attaining the age of 22 years. Brain injury does not include alcoholism, Alzheimer's disease or other infirmities of aging.

In addition, persons must be receiving, or be eligible to receive, postacute rehabilitation services in a nursing home or hospital designated as a special unit for brain injury rehabilitation by the WMAP. The person has as a result of the injury significant physical, cognitive, emotional and/or behavioral impairments, which meet the level of care as defined in the WMAP, prior authorization for admission to a nursing home or hospital designated for brain injury rehabilitation, and which are expected to continue indefinitely. Persons meeting the above criteria will be eligible for the waiver if:

1. The person is in a nursing home or hospital designated as a facility for brain injury rehabilitation by the WMAP, is receiving services under the WMAP and further inpatient rehabilitation is not required, but the person needs a high level of intense and continuous rehabilitation (supervision and services) available under the waiver to reenter the community.

OR

2. The person has been referred for placement in such a facility, is MA eligible and meets the level of care for admission, but intensive services under the waiver could be provided in the community in lieu of placement.

Level of care and prior authorization for admission are determined by the Division of Health, Bureau of Health Care Financing.

The BIW covers the same services as CIP 1A and CIP 1B. The BIW must meet federal and state reporting requirements under the Medicaid program and is to be reported on the HSRS.

CHILDREN'S LONG-TERM SUPPORT WAIVERS

Children with long-term support and special health care needs in Wisconsin have available to them a variety of program supports and services. The children's redesign initiative includes three federal home and community based services waivers, as well as coordination with other funding resources such as Family Support and Community Options Programs. There are also related administrative efforts for intake, referral, coordination and quality assurance with the intent to better coordinate supports for children with long-term support and special health care needs more effectively.

The new waivers include one for children with a developmental disability, one for children with a physical disability and one for children with severe emotional disturbances or mental illness. Within the DD and MH CLTS Waivers, children with autism have coverage for an intensive in-home autism service that was previously available through the Medicaid State Plan. A child will only be eligible for the specialized service for a three year period but then will be eligible for other ongoing waiver services up to the age of 22.

CLTS-W also provides various options for waiver participants to manage their own services.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-2018 (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of the State / County contract specified under the Wisconsin Statutes. S. 46.031(2g).
P.L. 97-25 Federal Regulations: 42 CFR 441

HSRS LONG-TERM SUPPORT MODULE

MODULE TYPE A

REGISTRATION - Screen L1 N / U / I / E (Module Key:)											1 Worker ID	
2a Last Name			2b First Name		2c Middle Name		2d Suffix	3 MA Number (10 digits) OR SSN (9 digits)			4 Client ID	
5 Birthdate (mm/dd/yyyy)		6 Sex F / M	7a Hispanic / Latino Y = Yes N = No	7b Race (Circle up to 5) A = Asian W = White B = Black or African American P = Native Hawaiian or Pacific Islander			8 Client Characteristics		9 Level of Care	10 Marital Status	11 Living Arrangement Prior Current People	
12 Natural Support Source	13 Type of Movement / Prior Location (Circle 1) (Optional for COP assessment, plan, applicant register) N = Relocated from general nursing home F = Relocated from ICF / MR facility D = Diverted from entering any type of institution			14 Special Project Status		15 Fiscal Responsibility	16 Court Ordered Placement Y = Yes N = No	17 MA Waiver Financial Eligibility Type A = Categorically eligible B = Categorically financially eligible - special income limit C = Medically needy D = COP eligible		18 Indicator for Waiver Mandate (Optional for COP assessment, plan, applicant register) A = MA Waiver eligible B = Not MA Waiver eligible C = MA Waiver eligible but exempt		
SERVICES - Screen L2 N / U / I / E (Module Key:)											Provider Number Required for SPCs:	
19 Episode End Date			20 Closing Reason		21 Slot Number			22 Start Date		23 End Date		102 Adult day care 202/01/02 Adult family home 506 CBRF 604 Supportive and service coordination (CIP1A, 1B, BIW, CLTS-W) 711 Residential care apt. complex
					STATE USE ONLY			STATE USE ONLY				
PGM No	24 SPC/Subprogram		25 Target Group	26 LTS Code	27 Funding Source	28 SPC Start Date		29 SPC End Date		30 Provider Number		31 SPC Review Date mm yyvv

NOTE: Street address, city, state, zip code and county are required for CIP 1A, 1B, BIW and CLTS-W on the back of this form.

(Module Key:

)

[illegible]

NOTE: Street address, city, state, zip code and county are required for CIP 1A, 1B, BIW and CLTS-W.

(Module Key:

)

Street Address			City	State	Zip Code	County	Telephone ()
Case Review Date	Diagnosis	Family ID	Local Data				Shaded areas are optional.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The worker collecting the Long-Term Support data on the participant.

CODES: Enter the ten digit code identifying the person collecting the data on the participant.

NOTES: Must be 10 numbers. Must be a valid number from the HSRS Worker File.

This field may be used for the sorting and distribution of output reports.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 2a-2d)

REQUIRED

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used. Using only full legal name for all clients throughout the state will help to protect the integrity of the unique Client ID number.

CODES: Enter the full legal name of the client. If the client has no legal first name, then enter the word None. If no middle name and/or suffix, leave those fields blank. If more than one middle name, use the first middle name.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, spaces between letters within the name, or any other punctuation marks are accepted. Hyphenated names should be written without a hyphen or space between the names.

MA OR SOCIAL SECURITY NUMBER (Field 3)

REQUIRED FOR MA NUMBER IF APPLICABLE
OPTIONAL FOR SOCIAL SECURITY NUMBER

DEFINITION: The medical assistance identification number or social security number which has been assigned to this client.

CODES: Enter the client's 10 digit medical assistance number, or the 9 digit social security number.

CLIENT ID (Field 4)

REQUIRED - COMPUTER GENERATED

DEFINITION: A unique computer generated identifier for each individual reported on HSRS. Three elements, full legal name, birthdate, and sex produce a fourteen character identifier which bears no resemblance to the client's name.

CODES: Leave blank if none is known to exist for this person.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.

OR

If the ID is already generated, enter the 14 character HSRS Client Identification number - one letter followed by 13 numbers.

NOTES: If a person receiving a LONG-TERM SUPPORT service is already registered on HSRS (on CORE or another Module), you should enter the client ID and skip name, birthdate, sex, Hispanic/Latino indicator and race.

BIRTHDATE (Field 5)

REQUIRED

DEFINITION: Birthdate of the client.

CODES: Enter the 8 digit birthdate of the client using month/day/full year format. Example: June 3, 1980 is 06031980.

NOTES: Must be 8 numbers. Must be prior to the current date. Year must be later than or equal to 1860.

SEX (Field 6)

REQUIRED

DEFINITION: Gender of the client.

CODES: F = Female
M = Male

HISPANIC/LATINO (Field 7a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 7b)

REQUIRED

DEFINITION: The race of the client as determined by the participant. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

CLIENT CHARACTERISTICS (Field 8)

REQUIRED

DEFINITION: Describes the client according to selected personal, social and demographic factors that are of interest to the agency. Code as many as apply up to three.

CODES: Enter up to three codes from the list below that best describe the client.

- 02 Mental illness (excluding SPMI)
- 03 Severe and persistent mental illness (SPMI)
- 04 Alcohol client
- 05 Drug client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 18 Alzheimer's disease/related dementia**
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 34 Developmental disability - brain injury - occurred at age 21 or earlier
- 35 Developmental disability - brain injury - occurred after age 21*
- 36 Other handicap
- 37 Fragile/frail medical condition - not for use as first client characteristic
- 55 Frail elderly
- 57 Abused/neglected elder
- 77 Challenging behavior - not for use as first client characteristic
- 86 Severe emotional disturbance
- 87 Prader Willi
- 88 Asperger Syndrome
- 89 Pervasive developmental disorder

NOTES: Code definitions.

- 02 Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.

CLIENT CHARACTERISTICS (Field 8) - continued

Code definitions - continued

- 04 Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10 Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.
- 12 Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 16 Family member of alcohol and other drug client - Includes family members and other significant persons who live in the same household of an alcohol and other drug client.
- 23 Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.

CLIENT CHARACTERISTICS (Field 8) - continued

Code definitions - continued

- 25 Developmental disability - autism - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person. Autism is a disorder of development of brain functions. For a diagnosis of autism, the main symptoms must be clear before the age of three years. People with autism have markedly abnormal or impaired function in communication and social interaction and a markedly restricted repertoire of activity and interest. In most cases there is an associated diagnosis of cognitive disability or mental retardation. Many people also have significant behavioral issues. If a person has Asperger Syndrome, code 88 and do not use this code. If a person has a pervasive developmental disorder, code 89 and do not code 25 for autism or 88 for Asperger Syndrome.
- 26 Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 27 Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 28 Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 32 Blind/deaf - Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 34 Developmental disability - brain injury - at age 21 or earlier - Includes persons who have had a loss of neurological brain function due to an injury or illness occurring at age 21 or earlier.
- 35 Developmental disability - brain injury - occurred after age 21 - Includes persons who have had a loss of neurological brain function due to an injury or illness occurring after age 21.
- 36 Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 37 Fragile/frail medical condition - The person is at higher risk for harm and has exceptional support needs due to fragile medical condition.
- 55 Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.

CLIENT CHARACTERISTICS (Field 8) - continued

Code definitions - continued

- 57 Abused/neglected elder - Includes persons who are elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s. 46.90.
- 77 Challenging behavior - The person is at higher risk for harm and has exceptional support needs due to challenging behavior.
- 79 Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 86 Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.
- 87 Prader Willi - A chromosomal disorder resulting in a syndrome characterized by infantile hypotonia, hypogonadism, and obesity. A genetic syndrome with three phases: 1) infancy with hypotonia and failure to thrive; 2) childhood with decreased eye slits, hypogonadism, hypoplastic scrotum, hyperphagia (ravenous appetite) with central obesity but small hands and feet, cognitive impairments (mental retardation or learning disabilities and language impairments; and 3) young adulthood with increased severity of childhood symptoms coupled with severe behavior and emotional symptomatology and, occasionally, thought disorders. This syndrome reflects a hypothalamic dysfunction secondary to an alteration of the chromosomal material on chromosome 15 (see also Angelman syndrome). Without adequate dietary management, life expectancy is limited by heart failure and Pickwickian symptoms secondary to obesity.
- 88 Asperger syndrome - autism - A disorder on the spectrum of autism. People with Asperger Syndrome may have average to higher IQ's, yet have severe and sustained impairment in social interaction as well as restrictive repetitive patterns of behavior, interests and activities. People may also have communication difficulties. These characteristics create impairments in social, occupational or educational, or other daily functions. If a person has a diagnosis of Asperger Syndrome, code 88 and do not code 25 for autism or 89 for pervasive development disorder.

CLIENT CHARACTERISTICS (Field 8) - continued

Code definitions - continued

- 89 Pervasive developmental disorder - Not otherwise specified includes atypical autism. People with this diagnosis have severe and pervasive impairment in development of reciprocal social interaction as well as stereotyped behaviors. Typically these symptoms have a later onset and atypical symptoms such that the diagnosis of autism and other conditions have been ruled out. If a person has a diagnosis of pervasive developmental disorder, code 89 and do not code 88 Asperger Syndrome or 25 autism.

For COP, COP-W, and locally matched CIP 1B, the first Client Characteristic is used for monitoring significant proportions.

- * For COP purposes, code 35 clients are counted as physical disability.
- ** For COP purposes, code 18 clients under 65 are counted as physical disability, clients 65 and over are counted as elderly.

LEVEL OF CARE (Field 9)

REQUIRED

DEFINITION:

The person's level of care as determined from either: a) the rating assigned by the Division of Health to a completed Physician's Plan of Care (PPOC) form; or b) the person's highest eligibility level as determined from the COP functional screen.

CODES:

- 1 = Highest functional screen eligibility is Level I.
- 2 = Highest functional screen eligibility is Level IIA - person is not DD.
- 3 = Highest functional screen eligibility is Level IIB.
- *4 = Meets functional screen special eligibility Level III only. Has physician's diagnosis of Alzheimer's disease or a related disorder.
- *5 = Meets functional screen special eligibility Level III only - special SPMI level or referred from an IMD or does not meet functional screen Levels I or II.
- *6 = Meets functional screen special eligibility Level III only. Is referred under Interdivisional Agreement 1.67 or has lost level of care eligibility under the waivers.
- 7 = Functional screen Level IV - does not meet any of the above Levels of Care or is grandfathered in with ICF 3, 4 or ICF-MR 4-level of care determination prior to 11/1/83.
- *8 = Has been ongoing COP recipient prior to 1/1/86 and is therefore COP eligible without a level of care determination.
- *9 = Has not had a level of care assigned as yet - level of care will be determined **PRIOR** to service provisions.
- B = Brain Injury.
- **M = DD1A - DD people whose health status is fragile, unstable or relatively unstable.
- **N = DD1B - DD people requiring considerable guidance and supervision.
- **O = DD2 - Moderately retarded adults with emphasis on skills training.
- **P = DD3 - Mildly retarded with emphasis on refinement of social skills and attainment of domestic and vocational skills.
- R = DD1 - Children
- S = Psychiatric hospital - children
- T = Nursing home - children
- U = Hospital - children

NOTES:

- * Codes 4, 5, 6, 8 and 9 are not waiver eligible codes.
- Codes M, N, O, and P are for use with LTS codes (Field 26) 1, 4, and 8.
- Codes R, S, T, and U are for use with Children's Waivers only.
- ** Detailed definitions may be found in MA Waiver Manual Appendix G.

MARITAL STATUS (Field 10)

REQUIRED

DEFINITION: The marital status of the client.

CODES:

- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widow/widower
- 5 = Never married
- 6 = Legally separated
- 9 = Unknown/other

LIVING ARRANGEMENT - PRIOR, CURRENT, PEOPLE (Field 11)

REQUIRED

DEFINITION: PRIOR AND CURRENT - The place where the program participant generally resides or resided prior to and during their placement in a long-term support program.

PEOPLE - The relationship of the people who share a dwelling with the program participant during their placement in a long-term support program.

CODES:

PRIOR AND CURRENT

- 06 State mental health institute - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 07 ICF/MR: not state center - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 21 Adoptive home
- 22 Foster home - nonrelative
- 23 Foster home - relative
- 24 Treatment foster home
- 27 Shelter care facility
- 30 Person's home or apartment
- 32 State center for developmental disabilities - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 33 Nursing home - not a current living arrangement - may be used for COP assessment, plan, and applicant register
- 37 Adult family home 1-2 beds - not valid for CLTS-W
- 38 Adult family home 3-4 beds - not valid for CLTS-W
- 43 Child group home
- 44 Residential care center (children)
- 50 Brain injury rehab unit - hospital
- 51 Brain injury rehab unit - nursing home
- 60 Supervised community living - not valid for CIP 1, BIW, CLTS-W
- 61 CBRF 5-8 beds

LIVING ARRANGEMENT - PRIOR, CURRENT, PEOPLE (Field 11) - continued

- 63 CBRF independent apartment - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 64 CBRF 9-16 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 65 CBRF 17-20 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W
- 66 CBRF 21-50 beds - not a current living arrangement for CIP 1, and BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 67 CBRF 51-100 beds - not a current living arrangement for CIP 1, and BIW and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 68 CBRF over 100 beds - not a current living arrangement for CIP 1, BIW, and CLTS-W. Need department approval for COP, COP-W, CIP II.
- 70 Residential care apartment complex - only for COP-W and CIP II participants - may be used for COP assessment, plan, and applicant register
- 98 Other living arrangement - only for COP assessment, plan, and applicant register

PEOPLE

- 05 Living alone
- 09 Living alone with attendant care
- 10 Living with immediate family
- 11 Living with immediate family with live-in attendant care
- 15 Living with extended family
- 16 Living with extended family with live-in attendant care
- 18 Living with others
- 19 Living with others with live-in attendant care
- 90 Transient housing situation

NATURAL SUPPORT SOURCE (Field 12)

REQUIRED

DEFINITION: The social network available to a waiver participant to support them in functioning successfully in the community.

CODES:

- 1 Parent
- 2 Spouse
- 3 Child
- 4 Other relative
- 5 Nonrelative
- 6 None

TYPE OF MOVEMENT/PRIOR LOCATION (Field 13)

REQUIRED - OPTIONAL FOR COP ASSESSMENT, PLAN, AND APPLICANT REGISTER

DEFINITION: Indicates two separate facts about the program participant:

- (1) whether or not the participant was:
 - a. actually a resident of some type of nursing home immediately prior to the start date in the LTS program and moved out of it to reside in the community (relocation); or
 - b. eligible for nursing home admission, was not a recent resident of a nursing home and is reentering the LTS Program from the community; and
- (2) for relocation participants only, the type of nursing home or ICF/MR from which the participant initially moved. Do not change this code if the participant merely switches between different waivers. This second factor does not apply to diverted clients.

CODES:

- N = The person has been relocated from a general nursing home licensed under HFS 132. Do not enter an N if the person was diverted from any type of licensed nursing home. (Allowable for COP, COP-W, and CIP2.)
- F = The person was relocated from an ICF/MR facility licensed under HFS 134 rules also known as a Facility for the Developmentally Disabled (FDD).
- D = The person was diverted from entering any type of institution.
- B = The person was relocated from a brain injury rehabilitation unit of a hospital or nursing home.

NOTES: ICF/MR facilities are also known as Facilities for the Developmentally Disabled (FDD) and are all licensed under HFS 134. They include the state centers for the developmentally disabled and a distinct ICF/MR unit of a general nursing home.

Nursing homes licensed under HFS 132 rules are general nursing homes.

This field is optional for COP Assessment and Plan. It must be entered before COP SPCs can be reported.

SPECIAL PROJECT STATUS (Field 14)**REQUIRED IF APPLICABLE**

DEFINITION: Indicates whether the participant is enrolled in one of the programs listed below. When applicant register is coded, MA Number, Living Arrangement Prior and People, Type of Movement/Prior Location and MA Indicator are optional.

CODES: W= Applicant register
 F = Family care participant moves to a non family care county
 L = Recipient of a CIP II nursing home relocation loan slot

COUNTY OF FISCAL RESPONSIBILITY (Field 15)**REQUIRED**

DEFINITION: The county that has financial responsibility for the client.

01	Adams	37	Marathon
02	Ashland	38	Marinette
03	Barron	39	Marquette
04	Bayfield	40	Milwaukee
05	Brown	41	Monroe
06	Buffalo	42	Oconto
07	Burnett	43	Oneida
08	Calumet	44	Outagamie
09	Chippewa	45	Ozaukee
10	Clark	46	Pepin
11	Columbia	47	Pierce
12	Crawford	48	Polk
13	Dane	49	Portage
14	Dodge	50	Price
15	Door	51	Racine
16	Douglas	52	Richland
17	Dunn	53	Rock
18	Eau Claire	54	Rusk
19	Florence	55	St. Croix
20	Fond du Lac	56	Sauk
21	Forest	57	Sawyer
22	Grant	58	Shawano
23	Green	59	Sheboygan
24	Green Lake	60	Taylor
25	Iowa	61	Trempealeau
26	Iron	62	Vernon
27	Jackson	63	Vilas
28	Jefferson	64	Walworth
29	Juneau	65	Washburn
30	Kenosha	66	Washington
31	Kewaunee	67	Waukesha
32	La Crosse	68	Waupaca
33	Lafayette	69	Waushara
34	Langlade	70	Winnebago
35	Lincoln	71	Wood
36	Manitowoc	72	Menominee
		92	Oneida Tribe

COURT ORDERED PLACEMENT (Field 16)

REQUIRED

DEFINITION: Indicates whether or not the client's community placement and initial participation is the result of, and was made pursuant to, a court order under s. 55.06 of Wisconsin Statutes.

CODES: Y = Yes
N = No

MA WAIVER FINANCIAL ELIGIBILITY TYPE (Field 17)

REQUIRED

DEFINITION: The basis of a client's financial eligibility for Medical Assistance.

CODES: A = Categorically eligible
B = Categorically financially eligible - special income limit
C = Medically needy
D = COP eligible (required for applicant register)

NOTES: Code D - COP eligible must be used for the applicant register, and must be updated when applicant begins waiver services

INDICATOR FOR WAIVER MANDATE (Field 18)

REQUIRED - OPTIONAL FOR COP ASSESSMENT, PLAN, AND APPLICANT REGISTER

DEFINITION: Documents that a client's eligibility has been reviewed and complied with COP-MA Waiver mandate.

CODES: A = MA Waiver eligible
B = Not MA Waiver eligible
C = MA Waiver eligible but exempt

NOTES: Medicaid Waiver Funds must be used in lieu of COP funds to provide services to an individual if that individual is determined to be eligible for waiver services.

EPISODE END DATE (Field 19)

REQUIRED WHEN SERVICES END

DEFINITION: The date on which the person terminated the program and last received services. This date should be entered only if the person's participation in the Long-Term Support Program has terminated.

CODES: Enter an 8 digit date in the format of month/day/full year (mm/dd/yyyy).

CLOSING REASON (Field 20)

REQUIRED WHEN SERVICES END

DEFINITION: The reason why the participant will no longer receive services.

CODES: Enter the two digit code of the appropriate reason for terminating the client's participation.

- 05 Moved out of state
- 06 Died
- 09 Service not available
- 11 Not or no longer income/asset eligible
- 14 Not or no longer level of care eligible
- 18 Applicant register
- 21 Services arranged without agency involvement
- 24 Insufficient funds in COP to provide services
- 32 Rejected individual service plan (ISP)
- 35 Private pay/other public funding sources used to pay for service
- 38 Voluntarily declined or terminated services
- 39 Transferred to or preferred nursing home care
- 41 Transfer to joint lead agency
- 43 Ineligible living arrangement
- 44 Moved out of county/closed on LTS
- 45 Moved out of county/still open on LTS
- 46 Refused to supply needed financial documentation
- 47 Transfer to Pace Program
- 48 Transfer to Partnership Program
- 50 Not eligible - residency requirement (COP only)
- 51 Declined further services due to estate recovery
- 52 Moved to and now resides in DD Center
- 53 Moved to and now resides in ICF-MR
- 54 Moved to and now resides in IMD
- 55 Cannot support safe care plan/behavioral challenges
- 56 Cannot support safe care plan/medical issues
- 57 No formal/informal supports available in community
- 58 County has exceeded CBRF cap

SLOT NUMBER (Field 21)

STATE ENTERED FOR CIP I, CLTS-W, AND BIW

DEFINITION: The unique number for each CIP I, BIW or CLTS-W slot.

CODES: The first four numbers are the reporting unit code. The last four numbers are assigned by the Bureau of Developmental Disabilities Services.

NOTES: The slot number is assigned and entered by the Bureau of Developmental Disabilities Services (BDDS).

SLOT ORIGINATION DATE (Field 22)

STATE ENTERED FOR CIP I, CLTS-W, AND BIW

DEFINITION: The date the slot is first used by a client who occupies slot.

CODES: Date will be entered by the Bureau of Developmental Disabilities Services.

SLOT END DATE (Field 23)

REQUIRED FOR CIP I, CLTS-W, AND BIW

DEFINITION: The date the slot could no longer be used.

CODES: Enter an 8 digit number in the format of month/day/full year.

NOTES: All waiver SPCs must be closed before slot end date is entered. If the client is moving from one slot to another - the SPC end date should be the same as the new start date. This will assure that no days will be lost because days are calculated by counting the day in but not the day out.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)

REQUIRED MONTHLY FOR EACH SERVICE DELIVERED TO THE PARTICIPANT

DEFINITION: The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. Refer to the Medicaid Waivers Manual and DDES numbered memos for what is allowable and definitions. Most are a variation of the HSRs SPC definitions.

NOTE: Certain HIPAA service codes will also be acceptable in place of the SPC code, if you so desire. The HIPAA service code is 5 bytes long. The first 3 bytes of the HIPAA code should be reported in the SPC field, and the last 2 bytes reported in the SPC subcode field. If the HIPAA service code can be cross walked to ONE SPC, we will accept that HIPAA code. A list of acceptable HIPAA service codes will be forthcoming.

If you are reporting an SPC, then report the unit type for that SPC. Conversely, if you are reporting a HIPAA service code, then report the HIPAA units type. For example: HIPAA code T1002 crosswalks to SPC 710, but the unit type for T1002 is 15 minutes and unit type for SPC 710 is hours. If you report SPC 710, then units should be reported in hours. If you report T1002, then units should be reported in 15 minute increments (e.g., 2 units would be 1/2 hour).

CODES: Enter the 3 digit code and the 2 digit subprogram code if applicable.

COP CODES:

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
095	02	Refunds, voluntary contributions	None
101		Child day care	Days
102		Adult day care	Hours
103	22	Respite care residential	Hours
103	24	Respite care institutional	Hours
103	26	Respite care home based	Hours
103	99	Respite care other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - personal care/days	Days
104	12	SHC - supervision services/days	Days
104	13	SHC - routine home care services/days	Days
104	14	SHC - chore services/days	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - personal care/hours	Hours
104	22	SHC - supervision services/hours	Hours
104	23	SHC - routine home care services/hours	Hours
104	24	SHC - chore services/hours	Hours
106	01	Energy assistance	None
106	02	Housing assistance	None
106	03	Housing start-up	None
107	30	Specialized transportation and escort	One way trips

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**COP CODES - continued**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
107	40	Specialized transportation and escort	Miles
107	50	Transportation, specialized	Items
108		Prevocational services	Hours
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
113		Consumer education and training	Hours
114		Vocational futures planning	Hours
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
203		Children's foster home	Days
204		Group home	Days
205		Shelter care	Days
301		Court intake and studies	Hours
401		Congregate meals	Meals
402		Home delivered meals	Meals
403	01	Recreational activities	Hours
403	02	Alternative activities	Hours
403	03	Alternative/other	Items
406		Protective payments/guardianship	None
503		Inpatient stay	None**
506	61	CBRF 5-8 licensed beds	Days
506	63	CBRF independent apartment	Days
506	64	CBRF 9-16 beds	Days
506	65	CBRF 17-20 beds	Days
506	66	CBRF 21-50 beds - need department approval	Days
506	67	CBRF 51-100 beds - need department approval	Days
506	68	CBRF over 100 beds - need department approval	Days
507	03	Counseling and therapeutic resources	Hours
507	04	Counseling and therapeutic resources	Items/services
509		Community support	None
603	01	COP assessment	Hours
603	02	COP plan	Hours
604		Case management	Hours
605		Advocacy and defense resources	Hours
606		Health screening and accessibility	Hours
610		Housing counseling	Hours
615		Supported employment	Hours
704		Day treatment - medical	Days
705		Detoxification - social setting	None

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued

COP CODES - continued

SPC/SUBPROGRAM CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
706	Day services treatment	Hours
710	Skilled nursing services	Hours

** The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

NOTES:

Provider Number (Field 30) is required for SPCs:

102 Adult day care
202/01 Adult family home - 1-2 beds
202/02 Adult family home - 3-4 beds
506 CBRF

A reassessment or plan update for ongoing (COP or MA Waiver funded) service participants should be charged to ongoing case management per COP guidelines. COP clients must have an assessment (603/01) and plan (603/02) SPC entered before other service SPCs are reported.

WAIVER COVERED SERVICE/STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)**CIP IA, IB AND BIW CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
102		Adult day care	Hours
103	22	Respite care residential	Hours
103	24	Respite care institutional	Hours
103	26	Respite care home based	Hours
103	99	Respite care other	Hours
104	10	Supportive home care - days	Days
104	11	SHC - Personal care/days (optional)	Days
104	12	SHC - Supervision services/days (optional)	Days
104	20	Supportive home care - hours	Hours
104	21	SHC - Personal care/hours (optional)	Hours
104	22	SHC - Supervision services/hours (optional)	Hours
104	88	Supportive home care - worker room and board	None
106	03	Housing start-up	None
107	30	Specialized transportation and escort	One way trips
107	40	Specialized transportation and escort	Miles
108		Prevocational services	Hours
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical and therapeutic supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
113		Consumer education and training	Hours
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
203		Children's foster/treatment home	Days
402		Home delivered meals	Meals
503*		Inpatient ICF/MR stay	None**
506	61	CBRF 5-8 licensed beds	Days
507	03	Counseling and therapeutic services	Hours
604		Support and service coordination/case management	Hours
604	01	Support and service coordination/case management - face-to-face contact (optional)	Hours
604	02	Support and service coordination/case management - collateral contact (optional)	Hours
604	03	Support and service coordination/case management - face-to-face home contact (optional)	Hours
604	04	Support and service coordination/case management - other contact (optional)	Hours
609***	10	Consumer directed supports	Days
610		Housing counseling	Hours
615		Supported employment	Hours
619		Financial management services	Hours

WAIVER COVERED SERVICE/STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24)

CIP IA, IB AND BIW CODES:

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
706	10	Day services - adult	Hours
706	20	Day services - children	Hours
710		Nursing services	Hours

NOTES:

Provider Number (Field 30) is required for SPCs:

- 102 Adult day care
- 202/01 Adult family home - 1-2 beds
- 202/02 Adult family home - 3-4 beds
- 506 Community based residential facility
- 604 Support and service coordination

- * Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason, and open new SPCs.
- ** The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.
- *** Only used by county agencies that have an approved Memorandum of Understanding (MOU) with BDDS.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**CIP II AND COP-W CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share/spend down	None
095	02	Refunds, voluntary contributions	None
102		Adult day care	Hours
103	22	Residential respite	Hours
103	24	Institutional respite	Hours
103	26	Respite care home based	Hours
103	99	Respite - other	Hours
104	10	SHC - days	Days
104	11	SHC - personal care/days (optional)	Days
104	12	SHC - supervision services/days (optional)	Days
104	13	SHC - routine home care services/days (optional)	Days
104	14	SHC - chore services/days (optional)	Days
104	20	SHC - hours	Hours
104	21	SHC - personal care/hours (optional)	Hours
104	22	SHC - supervision services/hours (optional)	Hours
104	23	SHC - routine home care services/hours (optional)	Hours
104	24	SHC - chore services/hours (optional)	Hours
106	01***	Energy assistance - when relocating from nursing home	None
106	03***	Housing start-up - when relocating from nursing home	None
107	30	Specialized transportation and escort - trips	One way trips
107	40	Specialized transportation and escort - miles	Miles
107	50	Specialized transportation	Items
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Specialized medical supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
114		Vocational futures planning	Hours
202	01	Adult family home 1-2 beds	Days
202	02	Adult family home 3-4 beds	Days
402		Home delivered meals	Meals
406		Protective payments/guardianship	None
503*		Inpatient stay	None**
506	61	CBRF 5-8 licensed beds	Days
506	63	CBRF independent apartment	Days
506	64	CBRF 9-16 beds	Days
506	65	CBRF 17-20 beds	Days
506	66	CBRF 21-50 beds - need department approval	Days
506	67	CBRF 51-100 beds - need department approval	Days
506	68	CBRF over 100 beds - need department approval	Days
507	03	Counseling and therapeutic resources	Hours
507	04	Counseling and therapeutic resources	Items/services
604		Case management	Hours
604	04	Case management - other contact (optional)	Hours

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued

CIP II AND COP-W CODES:

SPC/SUBPROGRAM CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
706	Day services treatment	Hours
710	Skilled nursing services	Hours
711	Residential care apartment complex	Days

NOTES: Refer to the Medicaid Community Waivers Manual for SPC definitions. Most are a variation of the HSRS SPC definitions.

Provider ID (Field 30) is required for SPCs:

- 102 Adult day care
- 202 Adult family home
- 506 CBRF
- 711 Residential care apartment complex

* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason and open new SPCs.

** The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

*** SPC 106/01 and 106/03 are only allowed when Field 13 Type of Movement/Prior Location is coded N - relocated from a general nursing home.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued**CHILDREN'S WAIVER CODES:**

SPC/SUBPROGRAM CODE		STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
095	01	Participant cost share	None
103	22	Residential respite	Hours
103	24	Institutional respite	Hours
103	26	Home based respite	Hours
103	99	Respite - other	Hours
104	10	SHC - days	Days
104	11	SHC - personal care/days (optional)	Days
104	12	SHC - supervision services/days (optional)	Days
104	20	SHC - hours	Hours
104	21	SHC - personal care/hours (optional)	Hours
104	22	SHC - supervision services/hours (optional)	Hours
104	88	Supportive home care - worker room and board	None
107	30	Specialized transportation and escort - trips	1 way trips
107	40	Specialized transportation and escort - miles	Miles
110		Daily living skills training	Hours
112	46	Personal emergency response systems	None
112	47	Communication aids	Items
112	55	Special medical and therapeutic supplies	Items
112	56	Home modifications	Projects
112	57	Adaptive aids - vehicles	Items
112	99	Adaptive aids - other	Items
113		Consumer education and training	Hours
203		Children's foster/treatment home	Days
503*		Inpatient stay	None**
507	03	Counseling and therapeutic services	Hours
512		Intensive in-home autism services	Hours
604		Case management	Hours
604	01	Support and service coordination/case management - face-to-face contact (optional)	Hours
604	02	Support and service coordination/case management - collateral contact (optional)	Hours
604	03	Support and service coordination/case management - face-to-face home contact (optional)	Hours
604	04	Support and service coordination/case management - other contact (optional)	Hours
609	20	Consumer and family directed supports	Days
615		Supported employment	Hours
619		Financial management services	Hours
706	20	Day services - children	Hours
710		Nursing services	Hours

NOTES: Provider ID (Field 30) is required for SPC 604.

* Inpatient stays exceeding 30 days require closing of all waiver SPCs. If episode contains only waiver SPCs (no COP), then the episode should also be closed. If the client returns for services, reopen the episode by zeroing out the Episode End Date and Closing Reason, and open new SPCs.

** The system calculates the days of service by counting the SPC Start Date, but not the SPC End Date.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (Field 24) - continued

REGISTER OF ELIGIBLE APPLICANTS CODES: (Applies to COP and all Medicaid home-community based Waivers)

SPC/SUBPROGRAM CODE	STANDARD PROGRAM CATEGORY NAME	UNITS TO BE REPORTED
897	Institutional resident	None
898	Receiving no publicly funded ongoing service that is intended to meet the long-term care needs of the individual	None
899	Receiving some publicly funded ongoing service but no COP or Waiver service	None

NOTES: For SPCs 897, 898 or 899 Target Group is optional; LTS Code is not allowed; SPC Start Date is required; and SPC End Date is required when applicant begins COP or Waiver service, or when applicant's name is removed from the county's register. LOC is required for Register of Eligible Applicants SPCs.

TARGET GROUP (Field 25)

REQUIRED

DEFINITION: Indicates the need and/or problem that best explains the primary reason the program participant is receiving this service. Target Group describes why this service is being delivered to the program participant.

CODES: 01 = Developmental disability
31 = Mental health
18 = Alcohol and other drug abuse
57 = Physical or sensory disability
58 = Adults and elderly

NOTES: Only codes 01, 31, and 57 are allowed for children's waivers.

LONG-TERM SUPPORT CODE (Field 26)

REQUIRED

DEFINITION: The long-term support program and/or match source which is funding this service.

CODES: 1 = CIP IA
2 = CIP II
3 = COP waiver
4 = CIP IB
6 = BIW
7 = COP
8 = CIP IB - locally matched slot
B = BIW - locally matched slot
F = Children's autism - DD
G = Children's autism - MH
H = Children's long-term support - DD state match
I = Children's long-term support - DD local match
J = Children's long-term support - MH state match
K = Children's long-term support - MH local match
L = Children's long-term support - PD state match
M = Children's long-term support - PD local match

FUNDING SOURCE (Field 27)

REQUIRED FOR CIP IB LOCALLY MATCHED SLOT (8), BIW LOCALLY MATCHED SLOT (B), and SPC 899

DEFINITION: The source of any non federal funds used to match part or all of the cost of funding waiver covered services.

CODES: CP = COP match funding
CA = Community aids match funding
FS = Family support match funding
RO= Rollo match
FC = ACT-405
OT = Other non federal funding
AZ = Alzheimer's funding (only allowed with SPC 899)
LO = County tax levy or sales tax
OA = Other approved match source - must be prearranged with BDDS

SPC START DATE (Field 28)

REQUIRED

DEFINITION: The date service in an SPC was begun.

CODES: Enter the 8 digit date in the format month/day/full year.

SPC END DATE (Field 29)

REQUIRED

DEFINITION: The date service in an SPC was terminated for the client.

CODES: Enter the 8 digit date in the format month/day/full year.

NOTES: For COP Assessment and Plan, the SPC End Date defaults to the same date as the SPC Start Date.

PROVIDER NUMBER (Field 30)

REQUIRED FOR SPCS 102 ADULT DAY CARE, 202/01, 202/20 ADULT FAMILY HOME, 506 CBRF, 604 SUPPORT AND SERVICE COORDINATION (CIP 1A, 1B, BIW, CLTS-W ONLY) AND 711 RESIDENTIAL CARE APARTMENT COMPLEX (CIP II, COP-W ONLY)

DEFINITION: The number assigned to identify the provider that has delivered the service to the waiver participant.

CODES: Enter the 10 digit HSRS code identifying the provider of the specific SPC. May be either a HSRS provider or worker number.

SPC REVIEW DATE (Field 31)

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

UNITS (Field 32)

REQUIRED MONTHLY

DEFINITION: The number of units of service the provider delivered to the client in a specific SPC during the month being reported.

CODES: Enter the 3 digit whole number and 1 decimal place which corresponds to the number of units of service delivered to the client during the time period.

NOTES: The unit measurement corresponds to the unit for the specific SPC.
(e.g., Respite Care = Hours.)

COSTS (Field 33)

REQUIRED MONTHLY

DEFINITION: The total expenses of providing specific SPC services to the client during the month being reported.

CODES: Enter up to six whole numbers and two decimal places representing the dollar amount expended for services in the specific SPC.

NOTES: Accurate and timely reporting is necessary as these reports are official audit documentation for federal reimbursement. These data are submitted to the Federal Health Care Financing Administration annually. Monthly reports are also used to make payments to the county agencies.

Monthly costs up to \$9,999.99 are allowed except for the following: LTS waiver codes 1, 4, 6, and B will accept up to \$99,999.99 per month for the following SPCs: 103/24, 103/99, 104/10, 104/11, 104/12, 104/20, 104/21, 104/22, 506/61 and 609.

DELIVERY MONTH/YEAR (Field 34)

REQUIRED

DEFINITION: The month and year during which units of an SPC were delivered or costs reported.

CODES: Enter a 6 digit number in the format month/full year.

HSRS SUMMARIES DDE-38

The HSRS Summaries report must be completed for the period January-June of each year.

EXCEPTION: Agencies choosing to keep their client specific data up-to-date for the first six months of the year need complete only Expense Report by Target Group and Standard Program Cluster - Forms DDE-942 and 943, and the Division will generate HSRS Summaries-Funded By All Revenue Sources (DDE-38) from the client specific data entered. Expense Reporting (DDE-942 and 943) must also be completed annually (January-December).

WHEN TO REPORT

January-June HSRS Summaries are due July 30.

WHAT TO REPORT

1. Total Persons Served by all Sources of Funds by Target Population and:

- SPC Cluster
- Age
- Sex

Please note that the sex and age client totals should all be the same.
SPC totals should be greater than the number of clients reported.

2. Total Days Funded By All Sources by Target Population for Three SPC Clusters:

- Community Residential Services
- Inpatient and Institutional Care
- Institution for Mental Disease

WHO

Report a client once in each category in which services were received.

HOW

Form DDE-38 HSRS Summaries (Funded by all Revenue Sources) may be used to complete and submit the required information. The report is to be sent to the address shown on the form.

HSRS SUMMARIES - FUNDED BY ALL REVENUE SOURCES

TARGET POPULATION - BY STANDARD PROGRAM CLUSTERS & SEX

Submit to: Division of Disability Services, SOS Desk, P.O. Box 7851, Madison, WI 53707-7851

Agency	Agency ID	January - June Report Year _____
--------	-----------	-------------------------------------

Filling out this form meets the requirements of the State and County contract specified under s. 46.031(2g), Wis. Stats.

STANDARD PROGRAM CLUSTERS TOTAL PERSONS SERVED	TARGET GROUPS							
	Developmental IDisability	Mental Health	Alcohol and Other Drug Abuse	Physical and Sensory Disability	Delinquent and Status Offender	Adults and Elderly	Abused and Neglected Children	Children and Family
Child Day Care - Crisis / Respite								
Supportive Home Care								
Specialized Transportation and Escort								
Community Living / Support Services								
Investigations and Assessments								
Community Support								
Work Related and Day Services								
Supported Employment								
Community Residential Services								
Community Treatment Services								
Inpatient and Institutional Care								
Institution for Mental Diseases								
Community Prevention Access and Outreach	(Not required to report) -----							

SEX

TOTAL PERSONS SERVED

Male								
Female								
Totals								

HSRS SUMMARIES - FUNDED BY ALL REVENUE SOURCES
 TARGET POPULATION - BY DAYS OF CARE PROVIDED, AGE, AND ETHNIC BACKGROUND

DAYS OF CARE PROVIDED STANDARD PROGRAM CLUSTERS REQUIRED	TARGET GROUPS							
	Developmental Disability	Mental Health	Alcohol and Other Drug Abuse	Physical and Sensory Disability	Delinquent and Status Offender	Adults and Elderly	Abused and Neglected Children	Children and Family
Community Residential Services								
Inpatient and Institutional Care								
Institution for Mental Disease								

AGE TOTAL PERSONS SERVED								
0-5								
6-11								
12-17								
18-21								
22-44								
45-59								
60-74								
75 and over								
Totals								



Human Services Reporting System

Expense Report For Social and Mental Hygiene Service Programs (DDE-942 and DDE-943)

Expenditure reports are due semi-annually and annually. January-June expenditures are due July 30th and January- December expenditures are due March 25th of the following year. **All reports must be submitted over the Internet. Hard copies will not be accepted. They will be returned to the agency for keying.**

For further information, contact:

Rosiemae Hunt
Division of Disability & Elder Service
Human Services Reporting System
1 W. Wilson Street, Room 851
P.O. Box 7851
Madison, WI 53707-7851
Telephone: (608) 261-5987
Fax: (608) 267-2437
Email: Huntre@dhfs.state.wi.us

General Instructions

These reports, required under Section 10.0 (Social and Mental Hygiene Reports) of the consolidated state/county contract, must be prepared for the periods January-June and January-December of each year. Form DDE-942 is used to report all agency expenses regardless of source. DDE-943 is used to report only expenses from state aid, local property taxes, and donor match.

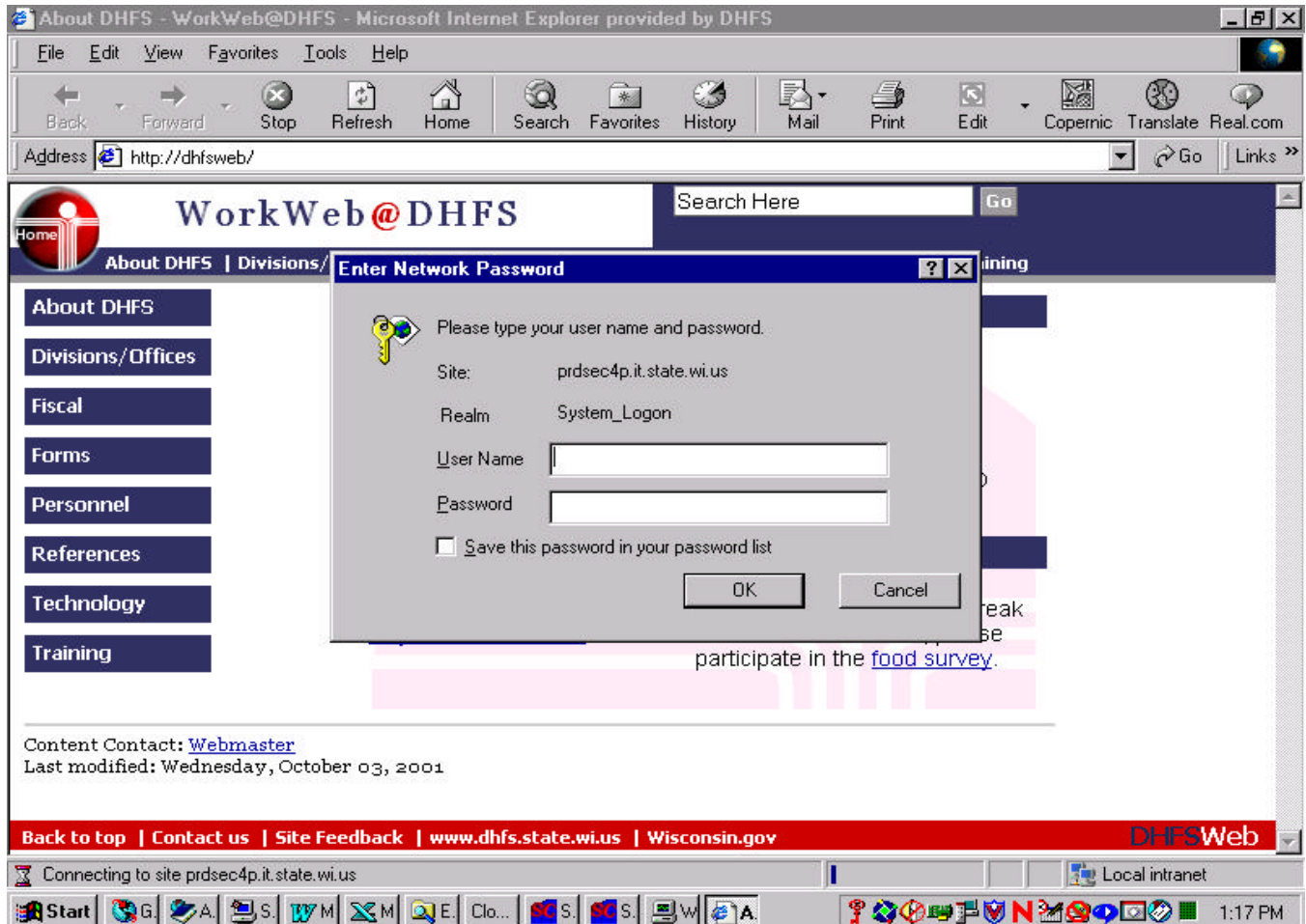
Reporting deadlines are part of the Division's contractual agreement between state and county. It is important that agencies meet the deadline of July 30th for reporting period January-June and March 25th for reporting period January-December. When circumstances prevent an agency from meeting the reporting period deadline, a 30-day grace period may be requested from the regional office. **Delays beyond 30 days must be requested in writing from the Administrator's Office and must state the reason for delay and the date by which the report will be submitted. Failure to meet the due date, or an approved amended date, will result in withholding of the agency's next monthly check.** Failure to respond within one week following check issuance will result in returning the check to the state treasury.

Agency Type

- DSS-Department of Social Services
- DCP-Department of Community Programs (formerly 51.42 or 51.42/437 Board)
- DDD-Department of Developmental Disabilities (formerly 51.437 Board)
- HSD-Department of Human Services
- DOA-Department on Aging

How to Report

1. Using Internet Explorer, type in the following Internet address
https://prdsec4p.it.state.wi.us/servlet/hfs.dsl.hsrs.f942_943.servlets.SetUpServlet
2. The DDE 942_943 login box will appear. Type in your county HSRS Id in the User Name field and your password, click the ok button. Do not check the box, that said Save This password in your password list.



3. The next screen is the HSRS report screen. It lists your reporting unit, the form identification number, the report period, and the report year. After making your selections, scroll down to the Display Form button and click.

The screenshot shows a web browser window titled "HSRS 942/943 - Microsoft Internet Explorer provided by DHFS". The address bar shows the URL: https://prdsec4p.it.state.wi.us/servlet/hfs.dsl.hrs.f942_943.servlets.SetUpServlet. The page content includes the DHFS logo, the title "Human Services Reporting System", and the subtitle "Expense Report For Social and Mental Hygiene Service Programs (DSL-942 and DSL-943)". Below this, there are four input fields: "Reporting Unit" with a dropdown menu showing "Report Status", "Form ID" with a dropdown menu showing "942", "Report Period" with a dropdown menu showing "January - June", and "Report Year" with a text box showing "2001". Arrows point to the "Report Period" and "Report Year" fields. At the bottom, there is a "Display Form" button. The browser's status bar at the bottom shows the time as 1:11 PM.


HSRS 942/943 - Microsoft Internet Explorer provided by DHFS

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Copernic Translate Real.com

Address https://prdsec4p.it.state.wi.us/servlet/hfs.dsl.hrs.f942_943.servlets.SetUpServlet Go Links

[942/943 Help](#)

 **Human Services Reporting System**

Expense Report For Social and Mental Hygiene Service Programs
(DSL-942 and DSL-943)

Reporting Unit Report Status

Form ID 942

Report Period January - June

Report Year 2001

Display Form

Done Click here to begin Start G A S W M X M E Clo... S S H Internet 1:11 PM

4. The next screen is the DDESL-942 or 943 reporting form.

[942/943 Entry Screen](#)
[942/943 Help](#)

Human Services Reporting System 942

TOTAL EXPENSES ALL SOURCES
BY TARGET GROUP AND STANDARD PROGRAM CLUSTER

Report Year: 2001
Report Period: January - June

Agency 4072

Agency Contact Name Agency Contact Phone

Standard Program Cluster/Category	Developmental Disability	Mental Health	Alcohol/Other Drug Abuse	Physical & Sensory Disability	Delinquent & Status Offender	Abused & Neglected Children	Children & Families	Adults & Elderly
100 CHILD DAY CARE - CRISIS RESPITE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
104 SUPPORTIVE HOME CARE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
107 SPECIALIZED TRANSPORTATION & ESCORT	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
200 ACCESS, OUTREACH, & PREVENTION	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
300 COMMUNITY LIVING/SUPPORTS SVCS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
400 INVESTIGATIONS &	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

What to Report

1. Social and Mental Hygiene Service Expenses.
 - (a) Only social and mental hygiene service expenses should be included in this report.
 - (b) Continue to include Youth Aids expenses, as in past years, even though these are no longer reported on CARS.
 - (c) Include Kinship Care expenses.**
 - (d) Exclude any child day care, which is funded as part of Income Maintenance programs.
2. System/Agency Management Expenses.
 - (a) Agency expenses that are associated with program cost are to be included and are to be allocated among the thirteen Standard Program Clusters and eight Targets Groups found on these forms.
 - (b) Do not include Income Maintenance management expenses.**

Standard Program Clusters and Target Groups

Agencies tracking expenses by Standard Program Category (SPC) should use the translation from SPCs to SPC Clusters found in the Human Services Reporting System (HSRS) Handbook. This will permit agencies, which have developed SPC-based expense tracking systems to maintain these systems. All expenses are to be included as agency expenses and are to be allocated among the thirteen Standard Program Clusters and eight Target Groups found on the DDE-942/943 forms. **Do not include Income Maintenance management expenses.**

All expenses must be reported under target groups found in Columns 1-8. Client and family member expenses should be combined within the appropriate target group. Agencies will report expenses by target groups as follows:

1. County Departments of Community Programs, Developmental Disabilities, and Human Services will continue to report by disabilities using Columns 1-3 (Developmental Disability, Mental Health, and Alcohol/Other Drug Abuse). In addition to reporting expenses in Columns 1-3, agencies receiving Community Options Program (COP) funding may need to use Column 4 (Physical and Sensory Disability) or Column 8 (Adults and Elderly) to fully account for these expenditures by target group.
2. County Departments of Social and Human Services must report expenses for target groups found in Columns 4-8. County Departments of Social Services may report some expenses in Columns 1-3.
3. Target group definitions are found in the HSRS Handbook.

HSRS 942/943 - Microsoft Internet Explorer provided by DHFS

Address: https://prdsec4p.it.state.wi.us/servlet/hfs.dsl.hsrs.f942_943.servlets.Form942_943Servlet

File Edit View Favorites Tools Help

Agency Contact Name Agency Contact Phone Submit Form

Standard Program Cluster/Category	Developmental Disability	Mental Health	Alcohol/ Other Drug Abuse	Physical & Sensory Disability	Delinquent & Status Offender	Abused & Neglected Children	Children & Families	Adults & Elderly
100 CHILD DAY CARE - CRISIS RESPITE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
104 SUPPORTIVE HOME CARE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>			<input type="text" value="0"/>	<input type="text" value="0"/>
107 SPECIALIZED TRANSPORTATION & ESCORT	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
200 ACCESS, OUTREACH, & PREVENTION	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
300 COMMUNITY LIVING/SUPPORTS SVCS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
400 INVESTIGATIONS & ASSESSMENTS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
500 COMMUNITY SUPPORT PROGRAMS		<input type="text" value="0"/>	<input type="text" value="0"/>					

Done

Start S G A S S W M E S X M H P

Internet 9:12 AM

Expenses

Keep in mind that only expenditures should be reported. Do not include funds received, but unexpended during the reporting period. In general, all funds covered by the State/County contract covering Community/Social Service Programs should be included in both the DSL-942 and 943. A few funding sources are to be excluded (Foster parent training). In addition, Youth Aids funds should continue to be included until further notice. Programs administered by the Department of Workforce Development (DWD), such as child day care for work or training should not be included. **Expenditures from the following revenue sources are to be included on Form DSL- 942, but must not be included on Form DSL-943:**

- Direct state and federal grants (i.e., grants not included in the state/county contract or addenda)
- First party revenue (e.g., client fees)
- Third party revenue (e.g., Medical Assistance, 551, private insurance)
- Funds collected on behalf of agency clients by state Mental Health Institutions.

How to Determine Expenses by SPC Cluster, Target Group, and Funding Source

Since agencies routinely monitor purchase of service or board contracted expenses, agency records can be used in completing Forms DSL-942 and 943. **In subcontracts between the DSS and board-operated facilities, the purchaser should report the expenditure.** Expenses associated with county agency operations (e.g., board-operated facilities or agency staff expenses) are of two types:

1. Those that can be directly charged to a Standard Program Cluster, Target Group and Funding Source.
2. Those that must be allocated.

Agency purchase, direct charge, and allocated expenses need to be combined for purposes of completing Forms DSL-942 and 943.

How to Allocate Expenses for Board Operated Facilities and Staff-Provided Services

Allocation of expenses must be based upon actual staff time of those agency employees whose expenses are to be allocated among SPC Clusters and Target Groups. All agency management and support expenses must be allocated among the thirteen Standard Program Clusters and eight Target Groups found on the DSL-942 and 943 forms. Actual staff time used for allocating expenses must, at a minimum, cover at least one pay period every six months. The period selected must be typical or representative of agency operation for the six month period .

The agency must use generally accepted allocation procedures in distributing expenses among SPC Clusters and Target Groups. Three acceptable methods for obtaining a distribution of staff time are:

1. Use of the HSRS Form DSL-31 Field 19 option to report staff time. This may be ongoing but need be for only one pay period every six months. The agency may then request the appropriate HSRS L 303 quarterly reports, which summarize units reported by SPC Cluster and Target Group.
2. Logging staff time on an agency-designed activity log showing SPC Cluster and Target Group by worker.
3. Use of an agency-designed statistically valid time sampling method such as a random moment time study.

Some examples of unacceptable methods include:

1. A survey of staff to obtain their best estimates of how time is allocated.

2. Use of estimates to allocate actual expenses.
3. Use of HSRS client count reports to allocate expenses (Use of units is acceptable).

Each agency must have on file, along with appropriate source documents (e.g., completed logs or time studies), methods used to derive expense information reported on Forms DSL-942 and 943. If staff time is reported on HSRS, the agency must document the time period during which this reporting occurred and have on file any relevant HSRS output reports used to allocate expenses.

Checks for Accuracy

HSRS 942/943 - Microsoft Internet Explorer provided by DHFS

Address: https://prdsec4p.it.state.wi.us/servlet/hfs.dsl.hsrs.f942_943.servlets.Form942_943Servlet

400 INVESTIGATIONS & ASSESSMENTS	0	0	0	0	0	0	0	0
500 COMMUNITY SUPPORT PROGRAMS		0	0					
600 WORK-RELATED & DAY SERVICES	0	0	0	0	0	0	0	0
615 SUPPORTED EMPLOYMENT	0	0		0				
700 COMMUNITY RESIDENTIAL SERVICES	0	0	0	0	0	0	0	0
800 COMMUNITY TREATMENT SERVICES	0	0	0	0	0	0	0	0
900 INPATIENT & INSTITUTIONAL CARE	0	0	0	0	0	0	0	0
925 INSTITUTION FOR MENTAL DISEASES		0						
TOTAL	0	0	0	0	0	0	0	0

Submit Button

Submit Form

Before pressing the "Submit" button check to be sure, the following is true:

1. The cell amount on Form DSL-942 should be equal to or greater than the comparable cell amount on Form DSL-943.
2. Total expenses on Form DSL-943 should not be significantly different from the Social Services and/or 51 Board total expenditures on the CARS reports for the same period. In most instances, the annual final CARS total expenses should be approximately the same as the Form DSL-943 total.

A comparison to HSRS client counts for the year should be made for each cell on the report. There should be no instance where expenses are zero if clients are reported, or where expenses are reported but there are no clients (exception SPC Cluster 200).

3. The amount that is reported under SPC Cluster 100 should include only Child Daycare-Crisis Respite. Childcare funded by the Department of Workforce Development should not be included.
4. The amount for the Mental Health target group should equal or exceed the combined expenditures for all Mental Health categorical funds your agency received.
5. The amount reported for Developmental Disabilities target group should equal or exceed the combined amount for all DD categorical funds, including Family Support, Birth to 3, CIP IA, CIP IB, etc.
6. The amount reported for AODA should equal or exceed the combined amounts for AODA Block Grant and other AODA funding sources.
7. Total dollar amount for Delinquent and Status Offenders should equal or exceed the Youth Aids (YA)-Community expense amount. If you report CHIPS expenditures from this funding source under another target group, please note the amount in a letter or email addressed to Rosiemae Hunt, Division of Supportive Living.
8. Youth Aids-State Charges amounts should not be included on the DSL-942 and 943. These amounts are obtained from the Department of Corrections.
9. The DSL-943 should reflect expenditures from state and county funds covered by the current state/county contract. The DSL-942 should reflect all of the expenditures reported on the DSL-943 plus expenditures collected from third party payments and/or direct state and federal grants. Remember if you collected funds for the current year and have not expended them to provide services, do not enter that information.
10. Identical DSL-942 and DSL-943 forms mean that you have NO client fees, NO third party payments, NO direct state, and federal grants. In this case, you will need to send in an explanation when you submit your forms.
11. Do not include any Income Maintenance (IM) expenditures in your figures - for example, IM funded Day Care.
12. Be sure to add in management/support costs that are determined by time study as well as those determined by direct charge.
13. For the January-December report, we compare your DSL-943 total expenditures with the DSS-51 subtotal for your agency in the YTD column of the December CARS report. We realize that totals will not be exactly the same, however any time your total expenditures are either as much as 8 to 10 percent over or under the CARS total, you should check carefully to see if there is an error.

Statewide statistical reports combine expense amounts reported on Form DSL-942 with comparable client counts from the Human Services Reporting System (HSRS) in reports to legislators, legislative committees, agency directors, and others. When an initial draft of these reports show per client expense amounts, which are substantially higher or lower than might be expected, it is necessary to obtain needed corrections/explanations before these reports are shared with users. Agencies are encouraged to compare client counts, which are provided on HSRS Output Reports with expense amounts on Form

DSL-942, a further check on reporting accuracy. This will reduce the need for explanations or corrections long after the reporting period has lapsed.

Making Corrections

In order to make it easier for our users to make corrections to the online 942/943 reports we have added a new feature, the delete box. By checking the delete box at the bottom of the online 942/943 form and clicking on the submit button all information that was keyed into the form will be deleted (see printed screen below). If the process was success, you will receive this message on the top of the report **THIS RECORD HAS BEEN DELETED**; you may then make your corrections by keying the correct information.

1. Check delete box and click on the submit button.

HSRS 942/943 - Microsoft Internet Explorer provided by DHFS

Service Category	Field 1	Field 2	Field 3	Field 4	Field 5	Field 6	Field 7	Field 8
300 COMMUNITY LIVING/SUPPORTS SVCS	0	0	0	0	0	0	0	
400 INVESTIGATIONS & ASSESSMENTS	0	0	0	0	0	0	0	
500 COMMUNITY SUPPORT PROGRAMS		0	0					
600 WORK-RELATED & DAY SERVICES	0	0	0	0	0	0	0	
615 SUPPORTED EMPLOYMENT	0	0		0				
700 COMMUNITY RESIDENTIAL SERVICES	0	0	0	0	0	0	0	
800 COMMUNITY TREATMENT SERVICES	0	0	0	0	0	0	0	
900 INPATIENT & INSTITUTIONAL CARE	0	0	0	0	0	0	0	
925 FOR DIS		0						
TOTAL	0	0	0	0	0	0	0	

☒ delete

Submit Form

Deletion Box

Submit Button

2. Data has been deleted from screen; the user may start reentering information.

HSRS 942/943 - Microsoft Internet Explorer provided by DHFS

File Edit View Favorites Tools Help

300 COMMUNITY LIVING/SUPPORTS SVCS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
400 INVESTIGATIONS & ASSESSMENTS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
500 COMMUNITY SUPPORT PROGRAMS	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
600 WORK-RELATED & DAY SERVICES	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
615 SUPPORTED EMPLOYMENT	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
700 COMMUNITY RESIDENTIAL SERVICES	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
800 COMMUNITY TREATMENT SERVICES	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
900 INPATIENT & INSTITUTIONAL CARE	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
925 INSTITUTION FOR MENTAL DISEASES	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
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Submit Form

AGENCY TYPE (Check One)

- ☐ 1 DSS
- ☐ 2 DCP
- ☐ 3 DDB
- ☐ 4 HSD
- ☐ 6 DO AGING

COUNTY NAME

COUNTY CODE
(See reverse side)

AGENCY CONTRACT

SUBMIT TO:

Division of Disability and Elder Services
SOS Desk
P.O. Box 7851
Madison, WI 53707-7851

REPORT YEAR _____

REPORT PERIOD
(Check One)

- ☐ 1. January - June
- ☐ 2. January - December

[illegible]

<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>	<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>
01	Adams	35	Lincoln
02	Ashland	36	Manitowoc
03	Barron	37	Marathon
03	Barron, Burnett, Polk, Rusk, Washburn	38	Marinette
04	Bayfield	39	Marquette
05	Brown	40	Milwaukee
06	Buffalo	41	Monroe
07	Burnett	42	Oconto
08	Calumet	43	Oneida
09	Chippewa	44	Outagamie
10	Clark	45	Ozaukee
11	Columbia	46	Pepin
12	Crawford	47	Pierce
13	Dane	48	Polk
14	Dodge	49	Portage
15	Door	50	Price
16	Douglas	51	Racine
17	Dunn	52	Richland
18	Eau Claire	53	Rock
19	Florence	54	Rusk
20	Fond du Lac	55	St. Croix
21	Forest	56	Sauk
21	Forest, Oneida, Vilas	57	Sawyer
22	Grant	58	Shawano
22	Grant, Iowa	59	Sheboygan
23	Green	60	Taylor
24	Green Lake	61	Trempealeau
25	Iowa	62	Vernon
26	Iron	63	Vilas
27	Jackson	64	Walworth
28	Jefferson	65	Washburn
29	Juneau	66	Washington
30	Kenosha	67	Waukesha
31	Kewaunee	68	Waupaca
32	La Crosse	69	Waushara
33	Lafayette	70	Winnebago
34	Langlade	71	Wood
34	Langlade, Lincoln, Marathon	72	Menominee

DEPARTMENT OF HEALTH & FAMILY SERVICES

Division of Supportive Living
DDE-943 (Rev. 01/2004)

STATE OF WISCONSIN

Completion of this form meets the requirements of
the State/County contract specified under
s. 46.031 (2g), Wis. Stats.

**EXPENSES FROM STATE AND LOCAL PROPERTY TAXES, AND DONOR MATCH*
BY TARGET GROUP AND STANDARD PROGRAM CLUSTER**

AGENCY TYPE (Check One) <input type="checkbox"/> 1 DSS <input type="checkbox"/> 2 DCP <input type="checkbox"/> 3 DDB <input type="checkbox"/> 4 HSD <input type="checkbox"/> 6 DO AGING	COUNTY NAME	COUNTY CODE (See reverse side)	SUBMIT TO: Division of Disability and Elder Services SOS Desk P.O. Box 7851 Madison, WI 53707-7851	REPORT YEAR _____ REPORT PERIOD (Check One) <input type="checkbox"/> 1. January - June <input type="checkbox"/> 2. January - December
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TARGET GROUPS

STANDARD PROGRAM CLUSTER / CATEGORY	DEVELOP- MENTAL DISABILITY (1)	MENTAL HEALTH (2)	ALCOHOL / OTHER DRUG ABUSE (3)	PHYSICAL AND SENSORY DISABILITY (4)	DELINQUENT AND STATUS OFFENDER (5)	ABUSED AND NEGLECTED CHILDREN (6)	CHILDREN AND FAMILIES (7)	ADULTS AND ELDERLY (8)	TOTAL EXPENSES COLS. (1) THRU (8)
100 CHILD DAY CARE - CRISIS RESPITE									
104 SUPPORTIVE HOME CARE									
107 SPECIALIZED TRANSPORTATION AND ESCORT									
200 ACCESS, OUTREACH AND PREVENTION									
300 COMMUNITY LIVING / SUPPORT SVCS									
400 INVESTIGATIONS AND ASSESSMENTS									
500 COMMUNITY SUPPORT PROGRAMS									
600 WORK-RELATED AND DAY SERVICES									
615 SUPPORTED EMPLOYMENT									
700 COMMUNITY RESIDENTIAL SERVICES									
800 COMMUNITY TREATMENT SERVICES									
900 INPATIENT AND INSTITUTIONAL CARE									
925 INSTITUTION FOR MENTAL DISEASES									
TOTAL									

*Includes all agency expenses reported on Form DDE-942 except direct federal and state grants, collections and third party revenues (e.g., Medical Assistance, SSI and private insurance).

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-943 (Rev. 01/2004)

STATE OF WISCONSIN

2

<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>	<u>CODE</u>	<u>COUNTY OR MULTICOUNTY AREA</u>
01	Adams	35	Lincoln
02	Ashland	36	Manitowoc
03	Barron	37	Marathon
03	Barron, Burnett, Polk, Rusk, Washburn	38	Marinette
04	Bayfield	39	Marquette
05	Brown	40	Milwaukee
06	Buffalo	41	Monroe
07	Burnett	42	Oconto
08	Calumet	43	Oneida
09	Chippewa	44	Outagamie
10	Clark	45	Ozaukee
11	Columbia	46	Pepin
12	Crawford	47	Pierce
13	Dane	48	Polk
14	Dodge	49	Portage
15	Door	50	Price
16	Douglas	51	Racine
17	Dunn	52	Richland
18	Eau Claire	53	Rock
19	Florence	54	Rusk
20	Fond du Lac	55	St. Croix
21	Forest	56	Sauk
21	Forest, Oneida, Vilas	57	Sawyer
22	Grant	58	Shawano
22	Grant, Iowa	59	Sheboygan
23	Green	60	Taylor
24	Green Lake	61	Trempealeau
25	Iowa	62	Vernon
26	Iron	63	Vilas
27	Jackson	64	Walworth
28	Jefferson	65	Washburn
29	Juneau	66	Washington
30	Kenosha	67	Waukesha
31	Kewaunee	68	Waupaca
32	La Crosse	69	Waushara
33	Lafayette	70	Winnebago
34	Langlade	71	Wood
34	Langlade, Lincoln, Marathon	72	Menominee

**2003 APPENDICES/ADDENDA
FOR SOCIAL AND COMMUNITY PROGRAMS**

STATE ID	BUREAU	TITLE	PROFILE #
2003-01 Appendix A	BPP	Safe and Stable Families	306
2003-02 Appendix B	BPP	IV-E Youth Independent Living Initiative	360
2003-03 Appendix C	BDDS	Foster Home Continuation	365
2003-04 Appendix D	BALTCR	Community Options Program	367
2003-05 Appendix E	OPEP	Children and Family Incentives	342,340,341
2003-06 Appendix F	BPP	Kinship Care Program	377, 380
2003-07 Appendix G	BALTCR	Alzheimer's Family and Caregiver Support Program	381
2003-08 Appendix H	BALTCR	Medicaid Community Waivers CIP II/COP-W	337,338,339, 347,348,349
2003-09 Appendix I	BSAS	Healthy Beginnings	502
2003-10 Appendix J	BDDS	Brain Injury Waiver	506, 507
2003-11 Appendix K	BCMH	Integrated Services for Children with Severe Disabilities	530
2003-12 Appendix L	DCFS	Brighter Futures Initiative	540
2003-13 Appendix M	BSAS	Urban Black and Hispanic Treatment	543
2003-14 Appendix N	BSAS	Women's AODA Treatment Program	545
2003-15 Appendix O	BALTCR	Adult Protective Services	313
2003-16 Appendix P	BDDS	Birth to Three Program	550
2003-17 Appendix Q		Cancelled	
2003-18 Appendix R	BCMH	Institution for Mental Disease Regular Relocations	559
2003-19 Appendix S	BDDS	Christian League for the Handicapped	560
2003-20 Appendix T	BDDS	Community Integration Program CIP 1B	563, 564

**2003 APPENDICES/ADDENDA
FOR SOCIAL AND COMMUNITY PROGRAMS**

STATE ID	BUREAU	TITLE	PROFILE #
2003-21 Appendix U		Cancelled	
2003-22 Appendix V	BCMH	Mental Health Block Grant	569
2003-23 Appendix W	BSAS	AODA Block Grant	570
2003-24 Appendix X	BCMH	Institution for Mental Diseases OBRA Nursing Home Relocations	571
2003-25 Appendix Y	BCMH	Institution for Mental Diseases Continuing Placements	572
2003-26 Appendix Z	BSAS	Treatment Alternative Plan	576
2003-27 Appendix AB	BDDS	Family Support Program	577
2003-28 Appendix AC	BSAS	Juvenile Court Alcohol and Other Drug Abuse	579
2003-29 Appendix AD	BDDS	Community Integration Program CIP IA	580, 581
2003-30 Appendix AE	BSAS	Services to People in Treatment	582
2003-31 Appendix AF	DCFS/AO	Pooled Loan Program	584
2003-32 Appendix AG	BSAS	Intravenous Drug Abuse Treatment	585
2003-33 Appendix AH	BSAS	Adolescent AODA Treatment	588
2003-34 Appendix AI	BSAS	AODA Inner City Services	589
2003-35 Appendix AJ	BPP	Cancelled	
2003-36 Appendix AK	BSAS	Urban/Rural Women's AODA Treatment	547
2003-37 Appendix AL	BDDS	Community Supported Living Arrangements	539
2003-38 Appendix AM		Income Maintenance	
2003-39 Appendix AN		Cancelled	
2003-40 Appendix AO	BCFD	Domestic Abuse	60010

**2003 APPENDICES/ADDENDA
FOR SOCIAL AND COMMUNITY PROGRAMS**

STATE ID	BUREAU	TITLE	PROFILE #
2003-41	BSAS	Substance Abuse Treatment TANF	535
2003-42	BCMH	CSP Wait List	504
2003-43	BPP	State Incentive Grants	357
2003-44	BQA	Relocation Worker	318
2003-45	BSAS	Crisis Counseling	513
2003-46	AO/DCFS	WISACWIS Start Up	327,326,328
2003-47	AO/DCFS	WISACWIS Ongoing Charges and Pass Through	332,334,333
2003-47A	AO/DCFS	WISACWIS Ongoing Charges-Direct and Pass Through	332,334,333
2003-48	OSF	MA Administration Payment System	387
2003-49	BCMH	Shelter Plus Homeless Funds	330
2003-49A	BMHSAS	Shelter Plus Homeless Funds 7/1/03-6/30/04	330
2003-50	BMHSAS	Wisconsin WINS	81022
2003-50	BPP	IV-E Foster Parent Preservice Training	395,396,397
2003-51	BALTCR	Medical Assistance Administrative Pass Through	388,389,390
2003-52	BMHSAS	PATH	598
2003-53	BMHSAS	MA Psychiatric Inpatient Hospital Diversion	81010
2003-54	OPEP	CFSR Review Costs	
2003-55	BPP	Access and Visitation	81008
2003-56	BPP	Public Child Welfare Program Enhancement	81011
2003-57	BPP	Citizen Review Panel	81031
2003-58	BMHSAS	MHSAS Coordinated Service Team Implementation for Children w/SED	81055
2003-59	AO	Carryover of 2002 Community Aids	561, 681, 569, 570
2003-60	BMHSAS	Intoxicated Driver Program	567
2003-61	BPP	Title IV-E Reimbursement for Legal Services	553,554,555, 573,574,575
2003-62	BMHSAS	HSRS AODA Module	81000

**2004 APPENDICES/ADDENDA
FOR SOCIAL AND COMMUNITY PROGRAMS**

STATE ID	BUREAU	TITLE	PROFILE #
2004-01 Appendix A	BPP	Safe and Stable Families	306
2004-02 Appendix B	BPP	IV-E Youth Independent Living Initiative	360
2004-03 Appendix C	BDDS	Foster Home Continuation	365
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2004-15 Appendix O	BALTCR	Adult Protective Services	313
2004-16 Appendix P	BDDS	Birth to Three Program	550
2004-17 Appendix Q	BPP	State Incentive Grants	357
2004-18 Appendix R	BMHSAS	Institution for Mental Disease Regular Relocations	559
2004-19 Appendix S	BMHSAS	Substance Abuse Treatment-TANF	535
2004-20 Appendix T	BDDS	Community Integration Program CIP 1B	563, 564

**2004 APPENDICES/ADDENDA
FOR SOCIAL AND COMMUNITY PROGRAMS**

STATE ID	BUREAU	TITLE	PROFILE #
2004-21 Appendix U		Cancelled	
2004-22 Appendix V	BMHSAS	Mental Health Block Grant	569
2004-23 Appendix W	BMHSAS	AODA Block Grant	570
2004-24 Appendix X	BMHSAS	Institution for Mental Diseases OBRA Nursing Home Relocations	571
2004-25 Appendix Y	BMHSAS	Institution for Mental Diseases Continuing Placements	572
2004-26 Appendix Z	BMHSAS	Treatment Alternative Plan	576
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2004-34 Appendix AI	BMHSAS	Urban/Rural Women's AODA Treatment	547
2004-35 Appendix AJ	BDDS	Community Supported Living Arrangements	539
2004-36 Appendix AK	BCFD	Domestic Abuse	60010
2004-37 Appendix AL	BIMA	Income Maintenance	

APPENDIX A

Full Client Print	Full Client Print is a way of printing both the registration and service screens together versus printing each screen separately. It provides a complete picture of the client's episode(s). Screen AA will produce a Full Client Print for one or more or all episodes using Client ID. The F8 key will also produce a Full Client Print, if it is indicated at the bottom of the screen.
PF5 Print Key	The PF5 key can be used to print most screens on HSRS and continue working in the system without having to wait for the end of printing. If the printer is processing a printing request for another worker, your request will go through and will be processed automatically as soon as previous requests have printed. In the meantime you can continue your work in HSRS. The PF5 function will also advance the paper on the printer automatically following your job and move it into position for the next printing job.
Print Option	The terminal operator can use the Print Key to get a copy of screens when data is entered, if needed, for the case record.
Inquiry	The inquiry function provides a look at the current HSRS client record. The HSRS Client ID or Episode Key are required to make an inquiry.
Episode/Module Type List Inquiry	By using either Client ID <u>or</u> the name, birthdate and sex of a client, a complete listing of all open and closed episodes and their respective module type can be seen. (Screen 46).
Delete Functions	There are two types of deletes: <ol style="list-style-type: none">1) episode delete - removes an entire episode2) SPC delete - removes a specific SPC
Partial Name Search Inquiry	This function locates names and Client ID numbers previously entered by an agency. It is a tool to prevent the creation of duplicate ID numbers on HSRS by showing the exact name associated with the existing ID. Enter several letters of the last name followed by an asterisk - same for the first name, and a list of names that fall within that criteria will be returned. The minimum requirement is the first two letters of the last and first name.
Provider Number Inquiry	This function locates names and provider numbers listed on the Provider File. A search can be done by number, partial number, name, partial name, and provider type on a county or statewide basis by using Screen P1.

APPENDIX B

HSRS OUTPUT REPORTS

This appendix presents samples of all currently available HSRS output reports. These reports have been grouped into the following categories:

- Agency Directories
- Worker Caseload and Caseload History Reports
- SPC Provider Caseload and Caseload History Reports
- Tickler Reports which are intended to remind workers of certain upcoming required actions
- The L303 Agency Management Reports
- Service Summary Reports for Management
- Children in Substitute Care Reports
- 32T Unit Reporting
- LTS Reports
- Family Support Program Reports
- AODA Reports
- Supported Employment Reports
- Mental Health Reports
- Birth to Three Program Reports

Agency directories, worker caseload and SPC provider caseload reports are available in two different versions: reports which incorporate the Family ID linkages into their sort sequence, and reports which use only the clients name in a straight alphabetical sort. For example, suppose the client ADAMS, MARY has Family ID #25A and the client SMITH, JOHN has Family ID #25B. In a Family ID sorted program, the output will appear in the sequence:

ADAMS, MARY
SMITH, JOHN
ADAMS, PAUL (for example)

In the straight alphabetic sort SMITH, JOHN will not be associated with ADAMS, MARY. The output will occur as:

ADAMS, MARY
ADAMS, PAUL

and SMITH, JOHN will occur pages later sorted properly within the letter S.

REQUESTING HSRS OUTPUT REPORTS

Use HSRS screens 05 and 08 to add, change, or delete most standard output reports.

To request special reports, contact the SOS Desk.

APPENDIX B

HSRS OUTPUT REPORTS

<u>EOS ID</u>	<u>Page Number</u>
I. Agency Directories	B6
LH09 L230 Agency Directory - Family ID Sort	B7
LH10 L231 Agency Directory - Alphabetic.....	B8
II. Worker Caseload and Caseload History Reports.....	B9
LH11 L242 Worker Caseload	B10
LH25 L610 CORE Units Summary	B11
LH27 L710 COP Units Summary.....	B12
LH29 L810 Waiver Client Units Summary	B13
LH31 L910 Master Units Summary	B14
III. SPC Provider Caseload and Caseload History Reports	B15
LH12 L243 SPC Provider Report - Family ID Sort	B16
LH13 L253 SPC Provider Report - Alphabetic.....	B17
LH18 L500 Birth to 3 Units Report.....	B18
LH24 L600 CORE Units Summary	B19
LH26 L700 COP Units Summary.....	B20
LH28 L800 Waiver Units Summary	B21
LH30 L900 Master Units Summary	B22
IV. Tickler Reports.....	B23
LH02 L102 Missing Diagnosis Tickler.....	B24
LH08 L220 Case Review Date Tickler	B25
LH16 L330 SPC Review Date Tickler	B26
V. LH46 L303 Quarterly Reports.....	B27
VI. Service Summary Reports For Management.....	B42
LH03 L103 Target Group by SPC Service Summary.....	B43
LH04 L104 SPC by Target Group Service Summary.....	B44
LH17 L400 SPC Provider Service Summary.....	B45
HSRS Summary Statistics.....	B46
VII. Children in Substitute Care (CSC) Reports	B49
LH21 L532 Annual Agency CSC Summary.....	B50
LH23 L534 Monthly Agency CSC Summary.....	B51
LH22 L533 Monthly Worker CSC Summary.....	B52
LHBM S079 Last Review/Disposition Hearing Date Tickler	B53
LH20 L510 Substitute Care Days of Service Report.....	B54
LH36 Fiscal Listing Preliminary Report.....	B55
LH32 Fiscal Listing Final Report.....	B56
LHAY Fiscal Listing Year to Date Report	B57
LHCS Fiscal Listing Year to Date Report - Detail	B58

APPENDIX B

HSRS OUTPUT REPORTS

<u>EOS ID</u>		<u>Page Number</u>
VIII.32T Unit Reporting		B59
LH05 L110	32T Units Report	B60
LH06 L120	32T CSC Module Refund Turnaround	B62
LH07 L130	32WV LTS Units Report	B63
LHBO L140	32T Supported Employment Units Report	B64
IX. LTS Reports		
LHBG L300	LTS Service Summary	B65
LHAX 300M	LTS Service Summary - Midmonth	
LHBH 300P	LTS Service Summary - Previous Year	
LHDP L320	LTS Service Summary - Less COP Assessment/Plan	B66
LHDQ 320P	LTS Service Summary - Less COP Assessment/Plan - Previous Year	
LHDN L399	LTS Service Summary - Expenditure by SPC	B67
LHDO 399P	LTS Service Summary - Expenditure by SPC - Previous Year	
	County Slot Report	B68
LH63 A002	Slot Number Sort	
LH64 A003	Client Name Sort	
LH65 A004	Slot Type Sort	
LHCU L016	COP Expenditure Report	B69
LHCV 016M	COP Expenditure Report - Midmonth	
LHDL 016P	COP Expenditure Report - Previous Year	
LHCW L04A	LTS-COP Significant Proportion Report	B70
X. Family Support Program Reports		B71
LH01 F001	FSP Activity Report	B72
LHBE F005	FSP Expenditure Entry List	B73
XI. AODA Reports		
LH54 6110	Total AODA Service Activity	B74
LH57 6310	Open AODA SPCs With No Units Reported for 6 Months (A-31A Excludes Intoxicated Drivers)	B75
LH59 6312	Open AODA SPCs With No Units Reported for 12 Months (A-031B Intoxicated Drivers Only)	B76
LH58 6313	Open AODA SPCs With No Units Reported for 3 Months (A-031C)	B77
LH55 6320	AODA Units Report (A-032)	B78
	AODA Units Report Alpha (A-132)	B79
LH56 6330	Closed AODA SPCs With No Units Reported (A-133)	B80
LH61 6700	AODA Units Report (A-700)	B81
LH60 6701	AODA Units Report Alpha (A-700(A))	B82
XII. Supported Employment Reports		
	Frequency Distribution	B83
LH51 L140	32T Supported Employment Units Report (SA01)	B84

APPENDIX B

HSRS OUTPUT REPORTS

<u>EOS ID</u>	<u>Page Number</u>
XIII. Mental Health Reports	
MH32T Mental Health Units Report.....	B85
LHCE 9325 Provider Number Sort - All Units	
LHCB 9322 Provider Number Sort - Required Units	
LHCF 9326 Worker Number Sort - All Units	
LHCC 9323 Worker Number Sort - Required Units	
LHCD 9324 Client Name Sort - All Units	
LHCA 9321 Client Name Sort - Required Units	
MH031 Open MH SPCs, With No Units Reported for 6 Months.....	B86
LHCG 9311 Client Name Sort	
LHCH 9312 Provider Number Sort	
LHCI 9313 Worker Number Sort	
MH041 Open MH Episodes With No Service Last 90 Days.....	B87
LHCJ 9411 Client Name Sort	
LHCK 9412 Provider Number Sort	
LHCL 9413 Worker Number Sort	
MH700 MH Units Summary Report	B88
LHCM 9701 Client Name Sort	
LHCN 9702 Provider Number Sort	
LHCO 9703 Worker Number Sort	
LHCP 9704 Prior Year by Client Name	
LHCQ 9705 Prior Year by Provider Number	
LHCR 9706 Prior Year by Worker Number	
New Episodes Missing CSDS Data.....	B89
LHDA 98N1 Client Name Sort	
LHDB 98N2 Provider Number Sort	
LHDC 98N3 Worker Number Sort	
Open Episodes Needing Six Month CSDS Data Update.....	B90
LHDD 98U1 Client Name Sort	
LHDE 98U2 Provider Number Sort	
LHDF 98U3 Worker Number Sort	
Closed Episodes Missing CSDS Data	B91
LHDG 98C1 Client Name Sort	
LHDH 98C2 Provider Number Sort	
LHDI 98C3 Worker Number Sort	
XIV. Birth to Three Program	
LH18 L500 Birth to Three Report.....	B18
XV. Provider Number Reports.....	
LH40 Foster Home by Name	B92
LH33 Non-Foster Home by Name	
LH34 Non-Foster Home by ID	
LH35 Foster Home by ID	
LH42 Name by Type Within County	
LH41 Number by Type Within County	

APPENDIX B

HSRS OUTPUT REPORTS

MODULE TYPE (MOD TYPE, MOD, MT) USED ON HSRS REPORTS

1 = CORE	Human Services Reporting System
2 = CSC	Children in Substitute Care
5 = FSP	Family Support Program
6 = AODA	Alcohol and Other Drug Abuse
7 = ADP	Adoptions
8 = SE	Supported Employment
9 = MH	Mental Health
0 = B3	Birth to Three Program
A = LTS	Long-Term Support

APPENDIX B

I. AGENCY DIRECTORIES

Agency directories list all clients served by the agency within the last thirteen months. The client may or may not be currently active. Program data (SPCs, target groups, provider IDs, start and end dates) is provided for each program within an episode that was open within the thirteen month time period. The workers associated with each episode are listed.

Two versions of Agency Directories are available - the L230, which takes Family ID's into account in its sort sequence; and the L231 which is a straight alphabetic sorted directory.

APPENDIX B

.&FORMAT █████ CO DEPT OF SOC SERV L230 █████ PRINTS:8 FICHE: 0
 REPORTING UNIT: 1010 █████ CO DEPT OF SOC SERV
 REPORT ID : HRSR-L230 DIRECTORY LISTING OF HRSR CLIENTS (OPEN IN THE LAST 13 MONTHS)

PAGE: 1
 RPTDATE: 04/30/04

CLIENT NAME	FAMILY ID	BIRTH DATE	SOC-SEC-NO	-----EPISODE-----	PROGRAM INFORMATION
HSRS ID	LOCAL TEXT	DIAGNOSIS	EPS KEY	MOD START	END WORKER KEY SPC SUB TG PROVIDER STRT DT END DT LTS
█████, █████ D		07/15/15	39 █████ 66		
V928-█████-4010		G0 █████ 678 A	02/28/03	9101020300	01 603 01 58 9101020300 02/28/03 02/28/03 7
					02 603 02 58 9101020300 02/28/03 02/28/03 7
					03 604 58 9101020300 04/24/03 3
					04 112 46 58 04/24/03 3
					05 402 58 04/24/03 3
					06 104 20 58 04/24/03 3
					07 107 40 58 04/24/03 3
					08 503 58 03/19/03 3
					█████ E █████
	00000000	H2444605	1 02/11/02 04/28/03	9101020300	01 603 58 9101020600 07/03/97 07/09/97
					02 604 58 9101020300 02/11/02 04/28/03
█████, █████		07/18/10	- -	█████ E █████	
X857-█████-6010		R █████ 1	12/03/01 05/06/03	9101011500	01 603 58 9101011500 12/03/01 12/03/01
					02 603 58 9101020300 12/03/01 02/08/02
					03 604 58 9101020300 02/08/02 12/18/02
					04 406 58 9101020300 02/08/02 12/18/02
					05 406 58 9101011500 12/18/02 05/06/03
					06 604 58 9101011500 12/18/02 05/06/03
█████, █████ S		05/29/89	39 █████ 74		
N986-█████-3010		B3 █████ 899 1	04/08/03	9101011400	01 603 64 9101011400 04/08/03 05/01/03
					02 604 64 9101011400 05/01/03
█████, █████		07/20/10	38 █████ 323		
K062-█████-6010		H2 █████ 259 1	10/20/00 11/16/03	9101011400	01 603 58 9101011400 10/20/00 10/23/00
					02 603 58 9101020300 10/23/00 12/01/00
					03 604 58 9101020300 12/01/00 01/03/03

REPORT: L230
 TIME PERIOD COVERED: All clients served in the last thirteen months.
 PRIMARY SORTS: Agency
 SECONDARY SORTS: Client name. (Clients with a Family ID not ending in A are sorted under the name of their linked client whose corresponding Family ID starts with A).
 COMMENTS: This report is an alphabetical listing of all clients served by the agency in the last thirteen months.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DSS

PAGE: 4

REPORT ID : HSRS-L231 DIRECTORY LISTING OF HSRS CLIENTS (OPEN IN THE LAST 12 MONTHS)

RPTDATE: 04/30/04

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	BIRTH DATE DIAGNOSIS	SOC-SEC-NO EPS KEY MOD	-----EPISODE----- START END	WORKER	-----PROGRAM INFORMATION----- KEY SPC TG PROVIDER STRT DT END DATE
[REDACTED] R, [REDACTED] INE		04/23/13	39 [REDACTED] 912			
P34 [REDACTED] -200-3160		L1 [REDACTED] 21 1	07/05/94 10/30/03	9103410007	01 301 58	9103410007 07/05/94 10/30/03
[REDACTED] A		07/10/08	470-26-1744			
R05 [REDACTED] 00-4160		T0 [REDACTED] 87 A	09/17/99	9103410004	01 603 58	09/17/99 09/17/99
[REDACTED]		12/05/91	- -			
B54 [REDACTED] 00-3140		J2 [REDACTED] 01 1	12/08/00 03/15/04	9103410019	01 603 64	12/08/00 12/27/00
					02 603 64	9103410026 05/31/02 08/05/02
					03 603 64	9103410020 12/12/02 03/07/03
					04 603 64	9103410019 09/04/03 11/06/03
					05 603 64	9103410019 01/19/04 03/15/04
[REDACTED]		08/14/90	39 [REDACTED] 911			
X49 [REDACTED] 00-3140		O3 [REDACTED] 72 1	12/12/01 03/15/04	9103410019	01 603 64	9103410019 12/12/01 03/28/02
					02 603 64	9103410026 05/31/02 08/05/02
					03 603 64	9103410020 12/12/02 03/07/03
					04 603 64	9103410019 09/04/03 11/06/03
					05 603 64	9103410019 01/19/04 03/15/04
[REDACTED]		12/18/87	- -			
H85 [REDACTED] 60-5120		V1 [REDACTED] 89 1			01 400 61	02/22/91 02/25/91
[REDACTED]		12/17/82	- -			103410024
F75 [REDACTED] 0-6120		O2 [REDACTED] 92 1		9103410024	01 603 64	9103410024 10/01/00 10/04/00
[REDACTED] A		10/31/94	39 [REDACTED] 971			
X19 [REDACTED] 0-6120		S3 [REDACTED] 14 1	07/19/01 08/29/03	9103410020	01 603 61	9103410022 07/19/01 09/04/01
					02 604 61	9103410022 09/04/01 04/04/02
					03 603 64	9103410019 09/18/01 09/27/01
					04 603 61	9103410020 06/17/03 08/29/03
[REDACTED]		06/12/86	- -			
N21 [REDACTED] 20-6140		C3 [REDACTED] 86 1	01/16/03 07/11/03	9103410017	01 603 64	9103410019 01/16/03 02/24/03

REPORT:

L231

TIME PERIOD COVERED:

All clients served in the last thirteen months.

PRIMARY SORTS:

Agency

SECONDARY SORTS:

Client name

COMMENTS:

This report is identical to the L230 except it does not tie clients together by their corresponding Family ID's.

APPENDIX B

II. WORKER CASELOAD AND CASELOAD HISTORY REPORTS

When a worker is indicated in Field 1 of the DDE-31, that worker becomes associated with the current episode for the client being reported. Worker sorted reports will provide the case worker with program information on all episodes for which he/she is designated as the worker in Field 1.

The L242 report lists all currently open programs for the worker. The L242 incorporates Family ID in its sorting sequence.

The L610, L710, L810 and L910 list all programs which have been provided to clients of the worker in the current year regardless of whether the programs are currently open or closed. These reports also indicate units of service provided to the client, by program and by month.*

The L610 lists units associated with CORE programs, the L710 lists units associated with COP programs, the L810 lists units associated with Waiver programs, and the L910 combines the others and lists all units regardless of type of program.

For CSC workers, an additional set of reports is also available. These are indicated in Section VII.

*Since units of service for a given month aren't reported until the following month, the January and February reports present data for the previous year. Thus, December units, which are reported by the agency in January, will first appear on the report issued early in February.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV SEQNO: 2 PAGE: 2
 REPORT ID : HRSR-L242 WORKER REPORT - ALPHABETICAL LISTING OF HRSR CLIENTS - OPEN PROGRAMS RUNDATE: 05/01/04
 SEPARATE BY # : 9
 NAME : [REDACTED]

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPIS KEY	MOD	EPISODE START	KEY	SPC	SUB	TG	PROVIDER	START	DTLTS
[REDACTED] C		- -	10/19/89										
K97 [REDACTED] 34-5120			66- -	A3 [REDACTED] 0	1	04/21/04	02	301		06	9101011100	04/22/04	
[REDACTED] P		- -	05/04/91										
X46 [REDACTED] 20-3160			66- -	V3 [REDACTED] 5	1	10/28/03	03	303		06	9101011100	11/17/03	
[REDACTED] A		- -	09/26/87										
C64 [REDACTED] 00-5160			66- -	H3 [REDACTED] 5	1	02/12/04	03	303		06	9101011100	03/02/04	
[REDACTED] J		- -	05/28/87										
O88 [REDACTED] 50-6160			66- -	T3 [REDACTED] 3	1	04/14/04	02	301		06	9101011100	04/14/04	
[REDACTED]		- -	05/01/90										
P16 [REDACTED] 40-5230			66- -	L3 [REDACTED] 5	1	03/23/04	03	303		06	9101011100	04/12/04	
[REDACTED] M	63 [REDACTED] 79		01/01/90										
Q10 [REDACTED] 63-6210			66- -	M3 [REDACTED] 3	1	10/14/03	03	303		06	9101011100	11/07/03	
[REDACTED] D		- -	01/26/90										
Y62 [REDACTED] 00-1320			66- -	Q3 [REDACTED] 3	1	02/03/04	03	303		06	9101011100	02/13/04	
[REDACTED] M		- -	10/04/87										
R46 [REDACTED] 25-6060			66- -	C3 [REDACTED] 3	1	02/17/04	03	303		06	9101011100	02/20/04	
[REDACTED] M	39 [REDACTED] 38		04/28/86										
H84 [REDACTED] 52-4040			99- -	E3 [REDACTED] 3	1	08/29/03	03	603		64	9101011100	02/10/04	
[REDACTED]		- -	03/16/87										
E69 [REDACTED] 00-6240			66- -	P3 [REDACTED] 3	1	02/03/04	02	301		06	9101011100	02/04/04	
[REDACTED]		- -	08/24/89										
M40 [REDACTED] 00-6450			66- -	U3 [REDACTED] 3	1	02/27/04	03	303		06	9101011100	03/29/04	

REPORT: L242
 TIME PERIOD COVERED: All clients with currently open programs.
 PRIMARY SORTS: Agency, worker
 SECONDARY SORTS: Client name (alphabetical) – Family ID grouping used.
 COMMENTS: Provides each worker with a listing of cases for which they were listed as the worker (Field 1) on the DDE-31.

APPENDIX B

REPORTING UNIT: [REDACTED] CO UNIFIED BOARD
 REPORT ID : HSRS-L610 CLIENT UNITS SUMMARY
 SEPARATE BY # :
 NAME :

SEQNO: 41 PAGE: 3
 RUNDATE: 01MAY04

CLIENT NAME	FAMILY ID	EPIS KEY	MOD	SPC	UNIT-----	MONTHLY UNITS-----	YTD															
HSRS ID NBR	PK	SPC	TG	PG	STR	PG	END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
[REDACTED]					C3348698		1															
J54 [REDACTED] 4-6260	01	300	01	030519				9201500005														0
	02	400	01	030519				9201500005														0
	03	300	01	030519				0665500000														0
[REDACTED] J					O2777620		1															
Y50 [REDACTED] 6-5260	03	300	01	991001				9201500003														0
	04	400	01	991001				9201500003														0
[REDACTED] J					EPISODE CLOSED																	
S41 [REDACTED] 3-6320	01	501	58	040212	040212			0714200000	14				1									1
[REDACTED] W					G2942816		1															
B20 [REDACTED] 0-5300	03	300	01	010101				9201500003														0
	04	400	01	010101				9201500003														0
[REDACTED]					EPISODE CLOSED																	
M72 [REDACTED] 0-3320	01	501	58	040115	040115			0714200000	14													1
[REDACTED] J					EPISODE CLOSED																	
A01 [REDACTED] 0-6120	01	501	51	040411	040411			0714200000	14					1								1
[REDACTED] J					EPISODE CLOSED																	
A01 [REDACTED] 0-6120	01	501	51	040412	040412			0714200000	14					1.5								1.5
[REDACTED] L					EPISODE CLOSED																	
U90 [REDACTED] 0-3320	01	501	61	040126	040126			0714200000	14					4								4
[REDACTED] D					Z2619421		1															
Y03 [REDACTED] 0-4340	02	300	01	980902				0714200005														0
[REDACTED] J					M2183076		1															
I55 [REDACTED] 0-6350	02	300	01	980801				9201500016														0
[REDACTED]					EPISODE CLOSED																	
M62 [REDACTED] 0-4310	01	501	58	040227	040227			0714200000	14					1								1
[REDACTED] A					EPISODE CLOSED																	
F95 [REDACTED] 0-1310	01	501	51	040423	040423			0714200000	14					1								1
[REDACTED] A					R0951487		1															
K18 [REDACTED] 0-2340	03	600	01	900101				0771900000														0
	04	600	01	900101				0771901000														

REPORT: L610
 TIME PERIOD COVERED: All clients active sometime during current year.
 PRIMARY SORTS: Agency, worker
 SECONDARY SORTS: Client name (alphabetical, by last name).
 COMMENTS: Provides service history for all clients active during current year.

APPENDIX B

REPORTING UNIT: [REDACTED] COUNTY HSD
 REPORT ID : HRSR-L710 COP CLIENT UNITS SUMMARY
 SEPARATE BY # : 9 [REDACTED] 1
 NAME : [REDACTED]

SEQNO: 27 PAGE: 2
 RUNDATE: 30APR04

CLIENT NAME	EPIS KEY	SPC	UNIT	MONTHLY												UNITS	YTD
HSRS ID NBR	SPC TG PG STR PG END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS	
[REDACTED] M	W0087840																
K77 [REDACTED] 120	03 604 58 020809	9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0	
	07 401 58 020809	0815000000	42	21	20	0	0	0	0	0	0	0	0	0	0	41	
[REDACTED] F	U0084796																
X32 [REDACTED] 130	03 604 58 011128	9400500101	42	6.6	0.3	0	0	0	0	0	0	0	0	0	0	6.9	
	20 506 58 040305	1014300000		0	0	0	0	0	0	0	0	0	0	0	0	0	
[REDACTED] T	E0044792																
F85 [REDACTED] 160	03 604 58 990408	9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0	
	12 506 58 020822	0858300000	42	31	29	0	0	0	0	0	0	0	0	0	0	60	
[REDACTED] J	N0086193																
K91 [REDACTED] 120	03 604 58 011101	9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0	
	16 506 58 030201	0815000000		0	0	0	0	0	0	0	0	0	0	0	0	0	
[REDACTED] J	C0063250																
O78 [REDACTED] 230	03 604 57 001201	9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0	
	04 112 57 001201	8940050048	42	7	8	0	0	0	0	0	0	0	0	0	0	15	
	05 506 57 001201	0831000000	42	31	0	0	0	0	0	0	0	0	0	0	0	31	
[REDACTED] K	A0082540																
L31 [REDACTED] 320	04 604 31 030424	9400500101	42	0.9	3	0.9	0	0	0	0	0	0	0	0	0	4.8	
	09 107 31 030424	8940050060	42	20	12	21	0	0	0	0	0	0	0	0	0	53	
	10 102 31 030424	0812500000	42	50	30	41	0	0	0	0	0	0	0	0	0	121	
	11 104 31 030424	1036000000	42	23.5	25.5	27.3	0	0	0	0	0	0	0	0	0	76.3	
[REDACTED] A	K0059982																
J91 [REDACTED] 040	03 604 58 990202	9400500101		0	0	0	0	0	0	0	0	0	0	0	0	0	
	20 104 58 040112 040120	8940050047	42	1	0	0	0	0	0	0	0	0	0	0	0	1	

REPORT: L710
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
 PRIMARY SORTS: Agency, worker
 SECONDARY SORTS: Client name (alphabetical), program key.
 COMMENTS: Provides a history of units reported, by month, for all programs provided to COP clients open during the current (or in the case of January or February, previous) year.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV
 REPORT ID : HSRS-L810 WAIVER CLIENT UNITS SUMMARY
 SEPARATE BY # : 91 [REDACTED]
 NAME : [REDACTED]

SEQNO: 39 PAGE: 5
 RUNDATE: 30APR04

CLIENT NAME	FAMILY ID	EPIS KEY	MOD SPC	UNIT-----	MONTHLY UNITS-----												YTD
HSRS ID NBR	PK SPC TG PG	STR PG END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
B38	5-6030	B0111713	A	9103910009	0	0	0	0	0	0	0	0	0	0	0	0	0
		F0062681	A														
K66	2-6140	06 604 58 011201	9103910009	42	5.3	1.5	5.5	0	0	0	0	0	0	0	0	0	12.3
		07 506 58 011201	9103910009	42	31	29	31	0	0	0	0	0	0	0	0	0	91
		A0060674	A														
M25	0-3140	15 104 58 030101	9103910009	42	0	0	1.5	0	0	0	0	0	0	0	0	0	1.5
		16 604 58 030101	9103910009	42	3	0.5	4.3	0	0	0	0	0	0	0	0	0	7.8
		17 104 58 030101	9103910009	42	3.5	3	0	0	0	0	0	0	0	0	0	0	6.5
		18 507 58 030101	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0
		19 112 58 030101	9103910009	42	4	0	4	0	0	0	0	0	0	0	0	0	8
		20 112 58 030101	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0
		21 104 58 030101	9103910009	42	3	2	0	0	0	0	0	0	0	0	0	0	5
		P0096101	A														
K72	0-0160	02 898 58 020430	9103910009	0	0	0	0	0	0	0	0	0	0	0	0	0	
K14	0-6150	E0114914	A														
		03 604 58 030701	9103910009	42	0.5	2.8	10.8	0	0	0	0	0	0	0	0	0	14.1
		04 112 58 030701	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0
		05 112 58 030701	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0
		D0083713	A														
		W82	0-4160	04 604 58 010723	9103910009	42	6.5	3.3	7	0	0	0	0	0	0	0	0	16.8
		05 104 58 010723	9103910009		0	0	0	0	0	0	0	0	0	0	0	0	0
		06 506 58 010723	9103910009	42	31	29	31	0	0	0	0	0	0	0	0	0	91

REPORT: L810
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
 PRIMARY SORTS: Agency, worker
 SECONDARY SORTS: Client name (alphabetical), program key.
 COMMENTS: Provides a history of units reported, by month, for all programs provided to Waiver clients open during the current (or in the case of January or February, previous) year.

APPENDIX B

REPORTING UNIT: [REDACTED] CO UNIFIED BOARD
 REPORT ID : HSRS-L910 MASTER CLIENT UNITS SUMMARY
 SEPARATE BY # : 89 [REDACTED] 2
 NAME : [REDACTED] DCP [REDACTED] [REDACTED]

SEQNO: 5 PAGE: 5
 RUNDATE: 30APR04

CLIENT NAME	HSRS	ID	NBR	SPC	UN	MONTHLY UNITS												YTD							
MT	EPIS	KEY	PK	SPC	TG	PRG	ST	PG	END	PROVIDER	TYP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS	
[REDACTED], [REDACTED] R				J20	[REDACTED]	2-5160																			
A Z0091067	04	103	01	051702	010104	8920700007																		0	
	05	604	01	051702	010104	8920700012																		0	
	06	103	01	080103	010104	8920700007																		0	
	07	113	01	110103	010104	8920700007																		0	
	08	604	01	010104		8920700012					42	1.1	1.8	0.5	0	0	0	0	0	0	0	0	0	0	3.4
	09	103	01	010104							42	27.5	6.5	15	0	0	0	0	0	0	0	0	0	0	49
[REDACTED], [REDACTED] R M20				[REDACTED]		1-6050																			
A N0110295	01	604	01	020103	010104	8920700012																		0	
	02	103	01	020103	010104	8920700007																		0	
	03	103	01	020103	010104	8920700007																		0	
	04	112	01	060103	010104	8920700007																		0	
	05	604	01	010104		8920700012					42	4.6	1.7	5.3	0	0	0	0	0	0	0	0	0	0	11.6
	06	103	01	010104							42	2	0	0	0	0	0	0	0	0	0	0	0	0	2
	07	103	01	010104																				0	
[REDACTED], [REDACTED] S				U76	[REDACTED]	0-3150																			
A 00029384	10	604	01	040102	010104	8920700012																		0	
	11	103	01	010103	010104	8920700007																		0	
	12	103	01	010103	010104	8920700007																		0	
	14	112	01	010103	010104	8920700007																		0	
	15	604	01	010104		8920700012					42	2.1	0.9	0.9	0	0	0	0	0	0	0	0	0	0	3.9
	16	103	01	010104							42	13	11	8	0	0	0	0	0	0	0	0	0	0	32
	17	103	01	010104							42	0	2.3	0	0	0	0	0	0	0	0	0	0	0	2.3

REPORT: L910
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
 PRIMARY SORTS: Agency, worker
 SECONDARY SORTS: Client name
 COMMENTS: This report presents units reported on CORE and LTS clients and also presents days of service, by month, for CSC clients.

APPENDIX B

III. SPC PROVIDER CASELOAD AND CASELOAD HISTORY REPORTS

SPC providers are associated with programs whenever a provider number is entered into Field 23 of the DDE-31. SPC provider sorted reports will provide the SPC provider with information on all programs for which he is designated as the program provider.

The L243 and L253 reports list all currently open programs for the SPC provider. The L243 incorporates Family ID in its sorting sequence, the L253 does not.

The L500, L600, L700, L800 and L900 list all programs provided by the SPC provider during the current year, regardless of whether the program is currently open or closed. These reports also indicate units of service by client, program and month.*

The L500 lists units associated with Birth to Three programs. The L600 lists units associated with CORE programs, the L700 lists units associated with COP programs, the L800 lists units associated with Waiver programs, and the L900 combines the others and lists all units regardless of type of program.

*Since units of service for a given month aren't reported until the following month, the January and February reports present data for the previous year, rather than the current year. Thus, December units, which are reported by the agency in January, will first appear on the report issued early in February.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV
 REPORT ID : HRSR-L243 SPC PROVIDER REPORT - ALPHABETICAL LISTING OF HRSR CLIENTS
 SEPARATE BY # :
 NAME :

SEQNO: 1 PAGE: 1
 RUNDATE: 05/01/04

CLIENT NAME HRSR ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPISODE KEY	MOD TYPE	EPISODE START	-----PROGRAM INFORMATION-----				
[REDACTED] B30 [REDACTED] 6-6040		39 [REDACTED] 65	08/23/08								
[REDACTED] I44 [REDACTED] 2-3020		- -	55- - 09/24/08	N0 [REDACTED] 29	A	04/28/04	01	899	58	04/28/04	
[REDACTED] A96 [REDACTED] 0-6140		39 [REDACTED] 48	55-18- 05/09/48	Q3 [REDACTED] 38	1	03/26/02	03	604	58	03/26/02	
							02	406	58	04/26/02	
							08	604	57	07/08/03	
							04	104	57	07/18/03	
							05	104	57	07/18/03	
							06	107	57	07/18/03	
							07	402	57	07/23/03	
[REDACTED] W34 [REDACTED] 0-5140		39 [REDACTED] 82	12/03/10	R0 [REDACTED] 75	A	06/24/02	11	604	58	02/01/03	
			55- -				12	104	58	02/01/03	
							13	402	58	02/01/03	
							14	112	58	02/01/03	
							15	107	58	02/01/03	
[REDACTED] B58 [REDACTED] 6-5160		39 [REDACTED] 07	10/25/33	E0 [REDACTED] 88	A	06/08/99	29	604	58	12/01/02	
			55- -				30	112	58	12/01/02	
							35	104	58	01/01/03	
							36	107	58	01/01/03	
							43	103	58	02/01/04	

REPORT: L243
 TIME PERIOD COVERED: All clients with currently open programs.
 PRIMARY SORTS: Agency, SPC provider.
 SECONDARY SORTS: Client name (alphabetical) - Family ID. Grouping used - clients sorted separately within each module type.
 COMMENTS: Provides each SPC provider with a listing of their currently active clients.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV
 REPORT ID : HSR5-L253 SPC PROVIDER REPORT-ALPHABETICAL LISTING OF HSR5 CLIENTS
 SEPARATE BY # : 91 [REDACTED] 03
 NAME : [REDACTED] [REDACTED]

SEQNO: 16 PAGE: 16
 RUNDATE: 04/30/04

CLIENT NAME HSRS ID	FAMILY ID LOCAL TEXT	SOC-SEC-NO DIAGNOSIS	BIRTH DATE CLT CHARS	EPISODE KEY	MOD TYPE	EPISODE START	-----PROGRAM INFORMATION-----				
							KEY	SPC	TG	STRT DT	END DATE
[REDACTED] F		38 [REDACTED] 366	05/30/86								
V09 [REDACTED] 4-5040			66- -	E3 [REDACTED] 00	1	03/25/03	01	303	06	03/25/03	
[REDACTED]		- -	06/05/89								
A50 [REDACTED] 2-6040	12209	V71.02	66- -	B3 [REDACTED] 15	1	11/26/02	03	303	06	04/08/03	
[REDACTED] J		- -	09/09/88								
M92 [REDACTED] 0-6010	10500	V71.02	66- -	M3 [REDACTED] 16	1	03/29/02	02	303	06	06/25/02	
[REDACTED]		46 [REDACTED] 464	11/06/89								
Q60 [REDACTED] 6-4160			66- -	W3 [REDACTED] 02	1	05/15/01	02	303	06	06/07/01	
[REDACTED]							03	305	06	06/07/01	
[REDACTED]		- -	12/07/89								
C74 [REDACTED] -300-1120		V71.02	66- -	I3 [REDACTED] 13	1	03/25/02	03	303	06	07/09/02	
[REDACTED]		- -	07/30/87								
B07 [REDACTED] 0-1140			66- -	X3 [REDACTED] 32	1	09/10/03	01	303	81	09/10/03	
[REDACTED] W		- -	03/09/86								
L98 [REDACTED] 0-6260			66- -	I2 [REDACTED] 86	1	02/05/00	02	303	06	03/28/00	
[REDACTED]							03	305	06	03/28/00	
[REDACTED]							04	301	06	02/14/02	
[REDACTED] L		- -	02/26/88								
E66 [REDACTED] 0-3260			66- -	F3 [REDACTED] 12	1	02/12/02	04	303	06	05/14/02	
[REDACTED] J		- -	04/26/90								
W64 [REDACTED] 0-5260		V71.02	66- -	I3 [REDACTED] 31	1	03/07/03	02	303	06	06/24/03	
[REDACTED] Y R		33 [REDACTED] 194	02/28/86								
C86 [REDACTED] 0-5310		V71.02	66- -	T3 [REDACTED] 15	1	03/13/02	02	303	06	06/03/02	
[REDACTED] J		- -	06/25/83								

REPORT: L253
 TIME PERIOD COVERED: All clients with currently open programs.
 PRIMARY SORTS: Agency, SPC provider.
 SECONDARY SORTS: Client name (alphabetical).
 COMMENTS: This report is the same as the L252 except that Family ID is not used in the output sort sequence. The report provides each SPC provider with a listing of their currently active clients.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DCP
 REPORT ID : HSR5 L-500 B-3 UNITS REPORT
 CLIENT NAME CLIENT #

SEQNO: 1 PAGE: 1
 RUNDATE: 01MAY04

SSN DOB SEX ETH CLIENT CHAR RES COUNTY SERVICE LOC

EPISODE		START	END															
PRG	SRV	START	END	PROV	ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD

REPORT: L500
 TIME PERIOD COVERED: All clients active sometime during the current year.
 PRIMARY SORTS: Agency
 SECONDARY SORTS: Client name (alphabetical).
 COMMENTS: Provides service history for all clients active during current year.

XII - B18

JANUARY 1999

APPENDIX B

REPORTING UNIT: 2015
 REPORT ID : HSR5-L600
 SEPARATE BY # : 07
 NAME : COUNTY DCP

CO UNIFIED BOARD
 CLIENT UNITS SUMMARY

SEQNO: 35 PAGE: 14
 RUNDATE: 01MAY04

CLIENT NAME	EPIS KEY	MOD	PRGM	PRGM	UNIT	MONTHLY UNITS												YTD UNITS
HSRS ID NBR	FAM ID PK	SPC TG	START	END	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
	T2657687	1																
C38	03	507 01	000105		14			0.3										0.3
	K1644406	1																
L90	09	300 01	031101		14	0.3	0.5	0.3										1.1
	Z0082549	1																
G19	11	800 01	040301		14			1										1
	R3071293	1																
C02	03	400 01	020502															0
	H1404059	1																
B64	10	507 01	020102															0
	S1050730	1																
L88	09	800 01	000913		14	0.3		0.3										0.6
	H0718725	1																
O25	11	800 01	021216															0
	Z3129957	1																
X67	01	800 01	020102															0
	V0158595	1																
R30	13	507 01	020102															0
	X2955313	1																
G746-234-240-6020	03	507 01	011029		14	0.3	0.3	0.3										0.9

REPORT: L600
 TIME PERIOD COVERED: All clients active sometime during current year.
 PRIMARY SORTS: Agency, SPC provider.
 SECONDARY SORTS: Client name (alphabetical, by last name).
 COMMENTS: Provides service history for all clients active during current year.

APPENDIX B

.&FORMAT █████ CO DEPT OF SOC SERV L700 1████0 PRINTS:1 FICHE: 0
 REPORTING UNIT: █████ CO DEPT OF SOC SERV
 REPORT ID : HRSR L-700 COP CLIENT UNITS SUMMARY
 SEPARATE BY # :
 NAME :

SEQNO: 1 PAGE: 1
 RUNDATE: 30APR04

CLIENT NAME	HSRS	ID	NBR	PK	SPC	TG	PG	STR	PG	END	SPC	UNIT	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
											PROVIDER															UNITS
█████, █████ M																										
V54				050	04	102	58	960103						0	0	0	0	0	0	0	0	0	0	0	0	0
					05	107	58	970101						0	0	0	0	0	0	0	0	0	0	0	0	0
					06	108	58	980801						0	0	0	0	0	0	0	0	0	0	0	0	0
					07	615	58	981201						0	0	0	0	0	0	0	0	0	0	0	0	0
					14	104	58	030801						0	0	0	0	0	0	0	0	0	0	0	0	0
█████, █████ F																										
N85				050	03	102	31	950804						0	0	0	0	0	0	0	0	0	0	0	0	0
					05	107	31	970101						0	0	0	0	0	0	0	0	0	0	0	0	0
					06	110	31	000601						0	0	0	0	0	0	0	0	0	0	0	0	0
█████, █████ C																										
J05				040	08	107	31	010801						0	0	0	0	0	0	0	0	0	0	0	0	0
					09	104	31	020101						0	0	0	0	0	0	0	0	0	0	0	0	0
					10	108	31	030101						0	0	0	0	0	0	0	0	0	0	0	0	0
█████, █████ R																										
O16				250	04	107	31	010301						0	0	0	0	0	0	0	0	0	0	0	0	0
					05	108	31	010301						0	0	0	0	0	0	0	0	0	0	0	0	0
					08	104	31	020301						0	0	0	0	0	0	0	0	0	0	0	0	0
█████, █████																										
M39				050	07	110	58	020501						0	0	0	0	0	0	0	0	0	0	0	0	0
					09	706	58	020512						0	0	0	0	0	0	0	0	0	0	0	0	0
█████, █████ K																										
R82				060	04	104	31	010301						0	0	0	0	0	0	0	0	0	0	0	0	0
					05	107	31	010301						0	0	0	0	0	0	0	0	0	0	0	0	0
					06	110	31	010301						0	0	0	0	0	0	0	0	0	0	0	0	0
					07	108	31	010301						0	0	0	0	0	0	0	0	0	0	0	0	0

REPORT: L700
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
 PRIMARY SORTS: Agency, SPC provider.
 SECONDARY SORTS: Client name (alphabetical), program key.COMMENTS:Provides a history of units reported, by month, for all programs provided to COP clients open during the current (or in the case of January or February, previous) year.

APPENDIX B

.&FORMAT █████ CO DEPT OF SOC SERV L800 1████0 PRINTS:1 FICHE: 0
 REPORTING UNIT: █████ CO DEPT OF SOC SERV
 REPORT ID : HSR5-L800 WAIVER CLIENT UNITS SUMMARY
 SEPARATE BY # :
 NAME :

PAGE: 1
 RUNDATE: 30APR04

CLIENT NAME			FAMILY ID			EPIS KEY			MOD SPC		UNIT-----	MONTHLY UNITS-----												YTD
HSRS	ID	NBR	PK	SPC	TG	PG	STR	PG	END	PROVIDER	TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS
████, █████ D										G0110678	A													
V92	████████	010	04	112	58	030	424					0	0	0	0	0	0	0	0	0	0	0	0	0
			05	402	58	030	424					0	0	0	0	0	0	0	0	0	0	0	0	0
			06	104	58	030	424					0	0	0	0	0	0	0	0	0	0	0	0	0
			07	107	58	030	424					0	0	0	0	0	0	0	0	0	0	0	0	0
			08	503	58	030	319					0	0	0	0	0	0	0	0	0	0	0	0	0
████████, █████ L										EPISODE CLOSED														
I33	████████	030	04	112	58	970	408	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
			07	104	58	001	023	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
			08	104	58	010	108	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
			09	402	58	020	316	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
			12	112	58	021	201	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
			13	112	58	030	718	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
			14	503	58	040	319	040	415			0	0	0	0	0	0	0	0	0	0	0	0	0
████, █████										W0032590	A													
W96	████████	030	02	104	57	961	120					0	0	0	0	0	0	0	0	0	0	0	0	0
			03	112	57	961	120					0	0	0	0	0	0	0	0	0	0	0	0	0
			04	112	57	970	201					0	0	0	0	0	0	0	0	0	0	0	0	0
			07	112	57	980	801					0	0	0	0	0	0	0	0	0	0	0	0	0
			09	112	57	001	101					0	0	0	0	0	0	0	0	0	0	0	0	0
			10	112	57	010	601					0	0	0	0	0	0	0	0	0	0	0	0	0
			12	402	57	011	219					0	0	0	0	0	0	0	0	0	0	0	0	0

REPORT: L800
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
 PRIMARY SORTS: Agency, SPC provider.
 SECONDARY SORTS: Client name
 COMMENTS: Provides a history of units reported, by month, for all programs provided to waiver clients open during the current (or in the case of January and February, previous) year.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DCP
 REPORT ID : HRSR-L900 MASTER CLIENT UNITS SUMMARY
 SEPARATE BY # :
 NAME :

SEQNO: 3 PAGE: 3
 RUNDATE: 29MAY04

CLIENT NAME	HSRS ID NBR SPC	UN	-----MONTHLY UNITS-----												YTD
MT EPIS KEY PK SPC TG PRG ST PG END PROVIDER	TYP	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS	
CH [REDACTED] SKI, [REDACTED] MAS W	V324-[REDACTED]-5240														
1 V2978113 01 300 01														0	
COC [REDACTED] NE, [REDACTED] E	X078-[REDACTED]-4260														
A W0100710 01 899 122800														0	
CO [REDACTED] LL, [REDACTED] LY M	K909-[REDACTED]-4250														
A Y0099074 01 112 01 080102		42	0	0	1	0	0	0	0	0	0	0	0	1	
02 112 01 080102														0	
03 112 01 080102														0	
04 112 01 080102														0	
CR [REDACTED] D, [REDACTED] ON	S461-[REDACTED]-6260														
1 K1048486 01 507 64														0	
02 507 31														0	
CR [REDACTED] D, [REDACTED] EE L	V587-[REDACTED]-6260														
1 F0844641 02 300 01														0	
DA [REDACTED] WSKI, [REDACTED] D	X521-[REDACTED]-3350														
1 U2978112 01 300 01														0	
DA [REDACTED] KI, [REDACTED] OL A	E526-[REDACTED]-6350														
1 D0919129 01 108 01														0	
DA [REDACTED], [REDACTED] ONY M	O050-[REDACTED]-5320														
A X0104689 03 507 01 010104		42	28.5	25.5	29.9	0	0	0	0	0	0	0	0	83.9	
DA [REDACTED] N, [REDACTED] GY A	W157-[REDACTED]-2310														
1 F1206327 01 507 31														0	
DE [REDACTED], [REDACTED] NA M	K196-[REDACTED]-5320														
6 D2934857														0	

REPORT: L900
 TIME PERIOD COVERED: Current year, with the exception of the January and February reports, which indicate units reported for the previous year.
 PRIMARY SORTS: Agency, SPC provider.
 SECONDARY SORTS: Client name
 COMMENTS: This report presents units reported on CORE and LTS clients, and also presents days of service, by month, for CSC clients.

APPENDIX B

IV. TICKLER REPORTS

Three tickler reports exist on HSRS. These are the L102, Clients with Diagnosis Deferred or Missing, the L220, Case Review Date, and the L330 SPC Review Date.

The L102 lists all clients who have a missing Diagnosis or Diagnosis deferred (799.9).

The L220 report is based on the Next Review Date field (Field 10) of the DDE-31. Agencies may use this field for review lists or any other activity they designate. Clients with open programs, having dates in this field prior to the end of the month after the program run month, will be listed on this report.

The L300 report is based on the next SPC Review Date field of the DDE-31. Clients with open programs, having dates in this field prior to the end of the month after the program run month, will be listed on this report.

APPENDIX B

REPORTING UNIT: [REDACTED] COUNTY HSD
 REPORT ID : HSRS-L102 CLIENTS WITH DIAGNOSIS DEFERRED OR MISSING
 SEPARATE BY # : 94 [REDACTED] 03
 NAME : BA [REDACTED] RT

SEQNO: 9 PAGE: 9
 RUNDATE: 05/29/04

CLIENT NAME	CLIENT HSRS ID	LOCAL TEXT	EPISODE KEY	MOD TYPE	DIAGNOSIS
BR [REDACTED] IAM A	O580-[REDACTED]-4160		U0020524	A	
CA [REDACTED]	S269-[REDACTED]-6260		Z0531855	1	
CH [REDACTED] HARRY	J301-[REDACTED]-6260		Y0090702	A	
HO [REDACTED] EMARIE	Y848-[REDACTED]-2040		I2815158	1	
KR [REDACTED] RD E	X590-[REDACTED]-2260		N0073193	A	
LA [REDACTED] EL C	U024-[REDACTED]-4460		S3186214	1	
MO [REDACTED] F	G306-[REDACTED]-5560		X3087211	1	
OL [REDACTED] RET	F506-[REDACTED]-6040		L0114245	A	
PH [REDACTED] AN	T107-[REDACTED]-5240		S0026996	A	
RI [REDACTED] ARD	D304-[REDACTED]-2650		R0112275	A	
RO [REDACTED] E	O238-[REDACTED]-2610		E3397398	1	
WA [REDACTED] R	V855-[REDACTED]-3030		C0073208	A	

YOU HAVE 13 CASES WITH A DEFERRED OR MISSING DIAGNOSIS

REPORT: L102
 TIME PERIOD COVERED: As of date of program execution.
 PRIMARY SORTS: Agency then worker. (Separate page for each worker).
 SECONDARY SORTS: Alphabetical by client name.
 COMMENTS: Lists all clients who have no entry in diagnosis field or a diagnosis of 799.9. HSDs and DCPs should be able to use this report to ensure that an appropriate diagnosis is entered for all clients.

APPENDIX B

REPORTING UNIT: [REDACTED] CO DEPT OF SOC SERV SEQNO: 37 PAGE NO:
 REPORT ID : HRSR-L220 REVIEW OR REPORTS DUE BY 07/31/04 BASED ON NEXT CASE REVIEW DATE RUNDATE: 05/29/04
 SEPARATE BY # : 91 [REDACTED] 15
 NAME : [REDACTED]

CLIENT NAME	CLIENT HSRS ID	BIRTH DATE	EPISODE KEY	MOD TYPE	REVIEW OR REPORT DUE	OVERDUE
BE [REDACTED]	H174- [REDACTED]	-4140	12/31/00	A31 [REDACTED]	84	1 07/25/04
CU [REDACTED] DRA R	F757- [REDACTED]	-5260	07/17/88	T10 [REDACTED]	59	1 05/30/04
GE [REDACTED] A M	E018- [REDACTED]	-4260	08/30/98	F33 [REDACTED]	95	1 06/19/04
GE [REDACTED] N J	J093- [REDACTED]	-2260	10/30/02	I33 [REDACTED]	98	1 06/19/04
HI [REDACTED]	J031- [REDACTED]	-1050	04/10/99	B30 [REDACTED]	45	1 07/11/04
LI [REDACTED] MARA	B006- [REDACTED]	-5410	03/20/93	X33 [REDACTED]	31	1 07/01/04
LI [REDACTED] OMAS G	Y642- [REDACTED]	-5410	07/06/94	X33 [REDACTED]	85	1 07/01/04
MA [REDACTED] W	G104- [REDACTED]	-5520	11/01/01	Q30 [REDACTED]	06	1 07/13/04
SC [REDACTED] B M	C254- [REDACTED]	-1240	12/12/90	T33 [REDACTED]	35	1 05/30/04
SI [REDACTED] D J	N371- [REDACTED]	-1250	05/13/91	P33 [REDACTED]	31	1 06/01/04
SI [REDACTED] D	B091- [REDACTED]	-5250	05/30/91	J33 [REDACTED]	25	1 06/01/04
ST [REDACTED] M	W160- [REDACTED]	-2230	02/21/99	E31 [REDACTED]	88	1 07/25/04

YOU HAVE 12 REPORTS DUE
 0 OF THEM ARE OVERDUE

REPORT: L220
 TIME PERIOD COVERED: Indicates reviews or reports due by end of the second month after run month.
 PRIMARY SORTS: Agency, worker (separate page for each worker).
 SECONDARY SORTS: Alphabetical by client name.
 COMMENTS: This report is based on the contents of DDE-31 Case Review Date(Field 10) or Screen 18 Next Review Date for module clients. Clients having dates in this field which occur before the run date will be indicated as overdue for a review or report by the <= = symbol.

APPENDIX B

REPORTING UNIT: [REDACTED] HUMAN SERV DEPT
 REPORT ID : HRSR-L330 REVIEW OR REPORTS DUE BY 07/31 BASED ON NEXT SPC REVIEW DATE
 SEPARATE BY # : 0 [REDACTED] 02
 NAME : [REDACTED] HEALTH CLINIC OUTPATIENT

SEQNO: 31 PAGE NO:
 RUNDATE: 5/29/04

CLIENT NAME	HSRS ID NBR	BIRTH DATE	MOD TYPE	EPISODE KEY	PRG KEY	SPC	DUE	OVERDUE
BAU [REDACTED] IAN J	B140-[REDACTED]-6150	02/01/84	9	P02 [REDACTED] 68	01	507	07/04	
BER [REDACTED] W T	Q054-[REDACTED]-3160	12/10/72	9	P01 [REDACTED] 48	01	507	04/04	<===
CAR [REDACTED] R	X663-[REDACTED]-4260	10/06/50	9	S02 [REDACTED] 81	01	507	06/04	
ENG [REDACTED] TRICIA J	M778-[REDACTED]-3050	10/17/52	9	G02 [REDACTED] 17	01	507	04/04	<===
FRO [REDACTED] MELVIN	D114-[REDACTED]-6160	11/11/42	9	T02 [REDACTED] 42	01	507	05/04	
HAL [REDACTED] DWARD	Q350-[REDACTED]-5040	02/13/60	9	J02 [REDACTED] 84	01	507	06/04	
HEN [REDACTED] N M	D986-[REDACTED]-5640	05/29/55	9	Z00 [REDACTED] 72	01	507	07/04	
HER [REDACTED]	Z140-[REDACTED]-2060	02/01/49	9	A02 [REDACTED] 37	01	507	04/04	<===
HUE [REDACTED] J	P317-[REDACTED]-6010	06/13/84	9	X02 [REDACTED] 98	01	507	06/04	
LES [REDACTED] H E	V742-[REDACTED]-5420	07/07/43	9	N01 [REDACTED] 08	01	507	04/04	<===
MAR [REDACTED]	D436-[REDACTED]-4560	04/14/60	9	Z02 [REDACTED] 28	01	507	07/04	
MAR [REDACTED] GEORGE	Y623-[REDACTED]-2560	09/06/48	9	E00 [REDACTED] 77	01	507	04/04	<===
MEY [REDACTED]	O528-[REDACTED]-6560	09/05/73	9	V02 [REDACTED] 20	01	507	06/04	
MIL [REDACTED]	D864-[REDACTED]-5540	12/28/66	9	H01 [REDACTED] 44	04	507	04/04	<===
MOE [REDACTED]	A701-[REDACTED]-2500	03/27/31	9	A02 [REDACTED] 29	01	507	07/04	
PLE [REDACTED] W	V692-[REDACTED]-5140	08/16/59	9	D01 [REDACTED] 54	02	507	07/04	
RAD [REDACTED] J	J902-[REDACTED]-5630	06/09/29	9	U02 [REDACTED] 73	01	507	07/04	
STA [REDACTED] A	L847-[REDACTED]-6230	07/08/62	9	A00 [REDACTED] 15	03	507	04/04	<===
VIE [REDACTED] I L	P649-[REDACTED]-6150	12/06/64	9	N02 [REDACTED] 42	01	507	07/04	
WOO [REDACTED]	W763-[REDACTED]-5030	10/07/66	9	Y02 [REDACTED] 77	01	507	07/04	

YOU HAVE 20 REPORTS DUE
 7 OF THEM ARE OVERDUE

REPORT: L330
 TIME PERIOD COVERED: Indicates reviews or reports due by end of program run month.
 PRIMARY SORTS: Agency provider (separate page for each provider).
 SECONDARY SORTS: Alphabetical by client name.
 COMMENTS: This report is based on the contents of the SPC Review Date field.

APPENDIX B

V. L303 QUARTERLY REPORTS

The L303 reports are year to date reports produced quarterly. They are normally run one month following the end of the quarter and contain data for services through the end of the quarter.

The L303 comprises seven tables. They are number 1, 2, 3, 7, 9, 10, 11, the missing numbers being discontinued tables. These are management reports summarizing HSRS data into various categories. No client specific data are shown.

APPENDIX B

Table #1

Table 1 displays unduplicated client counts by sex, race, Hispanic/Latino indicator, and age. Any client receiving programs during the period of the report is included.

The example page is a complete report for one agency.

+ _____ + 16:35 Wednesday, Oct 11 2000

REPORT OMI-303 - JAN 1, SEPT 30, 2000
UNDUPLICATED CLIENTS WITH PROGRAMS

+ _____ +
TABLE #1

REPORTING UNIT █████ CO DEPT OF SOC SERV

	UNDUPCLT	
	COUNT	PERCENT
++ TOTAL CLIENT	3131	100
++ SEX ++		
FEMALE	1663	53
MALE	1468	47
++ RACE ++		
ASIAN	423	14
BLACK	46	1
A.IND	28	1
P.ISL	1	0
WHITE	2633	84
++ HISP IND ++		
N	3125	100
Y	6	0
++ AGE ++		
UNDER 6	254	8
6 THRU 13	618	20
14 THRU 17	796	25
18 THRU 24	194	6
25 THRU 35	146	5
36 THRU 59	262	8
60 AND OVER	861	27

APPENDIX B

Table #2

Table 2 displays client counts by zip code broken down by sex, race, Hispanic/Latino indicator, and age.

All client counts are unduplicated. The first line, Total Clients, therefore matches Table 1 figures.

The example page is not a complete report.

DATE OF RUN DEC 31, 2000

REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

CLIENTS WITH PROGRAMS
ONE COUNT FOR EACH CLIENT

TABLE #2

DEPT OF SEC SERV

	SEX			RACE				HISP ORIG		UNDER 6	THRU 13	AGE		THRU 24	THRU 35	THRU 59	AND OVER
	TOTAL	FMALE	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES			NO	THRU 17				
TOT CLTS	807	43	464	11	335		5	456	48	759	138	267	359	43			

ZIPCODE																	
53704	1		1					1		1		1					
53717	1		1					1		1		1					
NO ZIP	805	343	462	11	335			5	454	48	757	138	267	357	43		

APPENDIX B

Table #3

Table 3 displays client counts by client characteristics broken down by sex, race, Hispanic/Latino indicator, and age.

The first line, Total Clients, is an unduplicated count of all clients. These figures therefore match those found in Table 1.

All three client characteristic fields are used. Each client is counted once in each client characteristic entered for the client on episodes containing services open at some time during the captioned time period. A client may then be counted in more than one characteristic.

The example page is not a complete report.

DATE OF RUN DEC 31, 2000

REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

CLIENTS WITH PROGRAMS
 ONE COUNT FOR EACH CLIENT FOR EACH DISTRICT CLIENT CHARACTERISTIC
 ALL THREE CLIENT CHARACTERISTIC FIELDS ARE USED IN CATEGORIZING CLIENTS
 CLIENT TOTALS ARE UNDUPLICATED

TABLE #3

DEPT OF SEC SERV

	SEX		RACE					HISP ORIG				AGE				
	TOTAL	FMAL	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO	UNDER	6	14	18	25	36
	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	6	THRU	THRU	THRU	THRU	AND
												13	17	24	35	59
																OVER
TOT CLTS	807	43	464	11	335		5	456	48	759	138	267	359	43		
MI - EXCL SP	17	8	9		6			11	1	16		3	13	1		
SPMI	3		3					3		3		1	2			
ALCOH ABUS	6	4	2		3			3		6	3	1	2			
HRING IMPR	2	1	1					2		2		2				
CHRONIC AL	3	3			2			34		3	2	1				
AODA	45	17	28		11			1	3	42	5	7	30	3		
DD-BRN TRA	1	1						9		1			1			
DD-MENTAL	10	3	7				1	1		10	2	6	2			
DD-EPOLEPS	1	1								1		1				
DD-OTH OR	17	7	10		11			6	1	16	2	6	6	3		
COOR.CRIM-	2	1	1		2					2	2					
OTHER HAND	4	1	3		3			1		4	1	3				
REFUGEE	1	1		1						1	1					
CUBAN.HAIT	1		1		1					1				1		
UNMARRIED	47	17	30		21			53	1	9	12	20	8	1		
CHIPS-ABUS	74	40	34	1	20			28	7	239	9	33	210	15		
CHIPS-AB	38	21	17	1	9			73	4	74	5	12	26	7		
CHIPS-NEGL	190	81	109	2	114		1	15	10	119	71	80	45	3		
FAM MEM CH	33LD	16	17		18			7	1	4	8	18				
REP SCHL T	89	3	5		4		2	4		8		4	4			
NONE OF TH	135	47	78	1	52			80	8	127	26	53	48	8		

APPENDIX B

Table #7

Table 7 displays client counts by target group broken down by sex, race, Hispanic/Latino indicator, and age.

The first line, Total Clients, is an unduplicated count of all clients. Figures therefore match those found in Table 1.

Each client is counted once in each target group in which one or more SPCs were received during the captioned time period. A client may then be counted in more than one target group.

The example page is a complete report for one agency.

DATE OF RUN DEC 31, 2000

REPORT OMI - 303 - JAN 1, 2000 - DEC 31, 2000

CLIENTS WITH PROGRAMS
ONE COUNT FOR EACH CLIENT FOR EACH DISTRICT TARGET GROUP
CLIENT TOTALS ARE UNDUPLICATED

TABLE #7

DEPT OF SEC SERV

	BY RACE, SEX, AGE															
	SEX			RACE					HISP ORG		AGE					
	TOTAL	FEMALE	MALE	ASIAN	BLACK	PISL	A.IND	WHITE	YES	NO	6	14	18	25	36	60
											UNDER	THRU	THRU	THRU	THRU	THRU	AND OVER
											6	13	17	24	35	59
TOT CLTS	807	352	471	11	335		5	456	48	759	138	267	359	43		

TARGET GROUP																
DELINQ&ST	279	104	166	7	96		1	166	17	253	6	30	213	21		
ABUSED/NEG	293	139	154	2	135		2	154	18	275	90	126	67	10		
CHILDREN &	260	109	151	3	112		2	143	14	246	43	115	90	12		

APPENDIX B

Table #9

Table 9 displays program counts by length of service for target groups within SPC.

The first column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore, both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column.

The second column, headed Target Group is developed from the target group codes entered for each SPC. If your agency requested it, the actual codes are used, including the extended CSIS codes. If no such request was made then the codes are collapsed into the eight HSRS codes. (Exceptions are codes 30, 56, and 99 which cannot be placed accurately; these appear separately.) An * after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The data for all programs falling under a given cluster (regardless of whether SPC or Cluster was entered) are summarized into totals for that cluster (with target group breakdowns). These total sections are labeled as cluster totals, for example, total for community living/support services (300). Breaks between clusters are designated by double dashed lines (= = = = =).

SPCs 502 (Detox) and 508 (Day Center Services) represent exceptions to the previous paragraph. The SPCs are not summarized into clusters since each could be included in two different clusters. Instead these SPCs are listed separately as if each was its own cluster with a note as to the clusters which each might be included in. (e.g., Total for Detox (502) - may be either 700 or 900).

The third column, labeled No Dates Entered contains the counts of SPCs entered for the captioned time period with no SPC start date.

Subsequent columns contain counts of SPCs open for the length of time shown. The length of service for open SPCs is taken to the end of the captioned time period.

The total column on the right matches program counts for corresponding categories on Tables 10 and 11. As with 10 and 11 the number of programs is determined as the actual number of programs entered into HSRS. This means that if there are six programs in an episode, number 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

DATE OF RUN DEC 31, 2000

REPORT OMI - 303 - JAN 1, 2000 - DEC 31, 2000

PROGRAM COUNTS BY SPC/CLUTER, TARGET GROUP AND, LENGTH OF SERVICE
EACH PROGRAM DELIVERED IS GIVEN A COUNT

TABLE #9

DANE CO DEPT OF SEC SERV

SPC/CLUSTER	TARGET GRPOUP	NO DATES	LESS THAN	1 TO 4	4 TO 7	7 TO 10	10 TO 13	13 TO 19	19 TO 24	24 OR MORE	TOTAL
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\
FOSTER HOME	DELINQ&ST OFFENDER*		30	31	32	17	4	8	5	3	130
	ABUSED/NEG CHILE*		90	60	66	28	22	34	21	71	392
	CHILDREN & FAMILY		99	56	45	32	17	28	11	50	338
	TOTAL		219	147	143	77	43	70	37	124	860
GROUP HOME	DELINQ&ST OFFENDER*		30	31	32	17	4	8	5	3	130
	ABUSED/NEG CHILE*		90	60	66	28	22	34	21	71	392
	CHILDREN & FAMILY		99	56	45	32	17	28	11	50	338
	TOTAL		219	147	143	77	43	70	37	124	860
TOTAL FOR COMMUNITY RESIDENTAIL CERVICE (700)											
	DELINQ&ST OFFENDER*		60	62	64	34	8	16	10	8	130
	ABUSED/NEG CHILE*		180	120	132	56	44	68	42	142	784
	CHILDREN & FAMILY		198	112	90	64	34	56	22	100	676
	TOTAL		438	294	286	154	86	140	74	248	1620

APPENDIX B

Table #10

Table 10 displays program counts, client counts, days of care, and optional units for SPC within target groups.

The first column headed Target Group contains the target group codes entered for each SPC. An * after the target group indicates a HSRS grouping. An ** after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The second column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column. For those SPCs which are valid on CSC and waivers, a separate line appears for CSC and waiver data.

Number of programs is determined as the actual number of programs entered to HSRS. This means that if there are six programs in an episode, numbered 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

Number of clients is unduplicated on all lines; a client is counted no more than once in each category regardless of how many services the client received in that category. For example, a client receiving two CBRF (506) programs both with Target Group DD (01) is counted as one client on the line for Target Group DD/SPC CBRF. Also a client receiving SPCs 506 and 507, both with target group 01, is counted in each SPC under that target group but only once in the target group total.

Days of care are shown and totals for any category in which they were entered. Additionally, for CSC, days of care are calculated from program start and end dates (just as the CSC reports function).

Other units are tabulated as entered. Totals by target group are not calculated since different unit types may be reported for different SPCs.

The example is a single page taken from the interior of a sample report.

DATE OF RUN DEC 31, 2000

REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

PROGRAM/CLIENT COUNTS AND UNITS DELIVERED BY SPC/CLUSTER AND TARGET GROUP
EACH PROGRAM DELIVERED IS COUNTED
A CLIENT IS COUNTED IN EACH SPC/CLUSTER-TARGET GROUP IS WHICH SERVICE WAS RECIEVED

TABLE #10

DEPT OF SEC SERV

TARGET GRPOUP	SPC/CLUSTER	#OF PROGRAMS	#OF CLIENTS	DAYS OF CARE	DAYS PER CLIENT	OTHER UNITS
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\
DELINQ&ST OFFENDER*	FOSTER HOME (CSC)	130	99	15185	153.38	
	GROUP HOME (CSQ)	197	157	18764	119.52	
	CHILD CARE INSTITUTN (CSQ)	114	91	10553	115.97	
	TOTAL	441	270	44503	164.83	
ABUSED/NEG CHILD**	FOSTER HOME (CSC)	392	276	65585	237.63	
	GROUP HOME (CSQ)	48	36	3626	100.72	
	CHILD CARE INSTITUTN (CSQ)	21	16	2172	135.75	
	TOTAL	461	293	71383	243.63	
CHILDREN & FAMILY*	FOSTER HOME (CSC)	338	231	47315	204.83	
	GROUP HOME (CSQ)	67	46	5679	123.46	
	CHILD CARE INSTITUTN (CSQ)	30	26	3538	135.08	
	TOTAL	435	260	56532	217.43	

APPENDIX B

Table #11

Table 11 displays program counts, client counts, days of care, and optional units for target groups within SPC.

The first column, headed SPC/Cluster contains actual programs as entered to HSRS. Therefore both SPC codes (e.g., 101 which appears as Child Day Care) and cluster codes (e.g., 100 which appears as Child Day Care Cluster) are possible in this column. For those SPCs which are valid on CSC and waivers a separate line appears for CSC and waiver data.

The second column, headed Target Group contains the target group codes entered for each SPC. An * after the target group indicates a HSRS grouping. An ** after the target group indicates a code which appears as both a CSIS and a HSRS code (61, Child Abuse/Neglect, is an example).

The data for all programs falling under a given cluster (regardless of whether SPC or cluster was entered) are summarized into totals for that cluster (with target group breakdowns). These total sections are labeled as cluster totals; for example Total for Comm Living/Support Services (300). Breaks between clusters are designated by double dashed lines (= = = = =).

SPCs 502 (Detox) and 508 (Day Center Services) represent exceptions to the previous paragraph. These SPCs are not summarized into clusters since each could be included in two different clusters. Instead these SPCs are listed separately as if each was its own cluster with a note as to the clusters which each might be included in. (e.g., Total for Detox (502) - may be either 700 or 900).

Number of programs is determined as the actual number of programs entered to HSRS. This means that if there are six programs in an episode, numbered 1 to 6, then six programs are counted even if there are duplicated SPC/target group combinations. Total lines match the totals of each category.

Number of clients is unduplicated on all lines; a client is counted no more than once in each category regardless of how many services the client received in that category. For example a client receiving two CBRF (506) programs, one in target group DD (01) and one in target group AODA (18) is counted in each target group line but contributes only one count to the total for SPC 506. The same is true for a client receiving two SPCs within the same cluster; the cluster client totals will count that client only once.

Days of care are shown and totaled for any category in which they were entered. Additionally, for CSC, days of care are calculated from program start and end dates (just as the CSC reports function).

Other units are tabulated when entered. Totals within SPC only are shown since different unit types may be used for different SPCs.

REPORT OMI-303 - JAN 1, 2000-DEC 31, 2000

PROGRAM/CLIENT COUNTS AND UNITS DELIVERED BY SPC/CLUSTER AND TARGET GROUP
 EACH PROGRAM DELIVERED IS COUNTED
 A CLIENT IS COUNTED IN EACH SPC/CLUSTER-TARGET GROUP IS WHICH SERVICE WAS RECIEVED

TABLE #11

██████ DEPT OF SEC SERV

SPC/CLUSTER	TARGET GROUP	#OF PROGRAMS	#OF CLIENTS	DAYS OF CARE	DAYS PER CLIENT	OTHER UNITS
/-----\	/-----\	/-----\	/-----\	/-----\	/-----\	/-----\
FOSTER HOME (CSC)	DELINQ&ST OFFENDER*	130	99	15185	153.38	
	ABUSED/NEG CHILD*	197	157	18764	119.52	
	CHILDREN & FAMILY	114	91	10553	115.97	
TOTAL		441	270	44503	164.83	
GROUP HOME (CSC)	DELINQ&ST OFFENDER*	197	157	18567	119.52	
	ABUSED/NEG CHILD*	48	36	3626	100.72	
	CHILDREN & FAMILY	67	46	5679	123.46	
TOTAL		312	234	28070	119.96	

TOTAL FOR COMMUNITY RESIDENTIAL SERVICE (700)						
	DELINQ&ST OFFENDER*	327	229	10553	148.25	
	ABUSED/NEG CHILD*	440	291	2172	237.84	
	CHILDREN & FAMILY	405	248	3538	213.38	
TOTAL		1172	753	156155	207.38	

CHILD CARE INST (CSC)	DELINQ&ST OFFENDER*	114	91	10553	115.97	
	ABUSED/NEG CHILD*	21	16	2172	135.75	
	CHILDREN & FAMILY	30	26	3538	136.08	
TOTAL		165	133	16263	122.28	

TOTAL FOR INPATIENT AND INSTITUTIONAL CARE (900)						
	DELINQ&ST OFFENDER*	327	229	10553	148.25	
	ABUSED/NEG CHILD*	440	291	2172	237.84	
	CHILDREN & FAMILY	405	248	3538	213.38	
TOTAL		1172	753	156155	207.38	

APPENDIX B

VI. SERVICE SUMMARY REPORTS FOR MANAGEMENT

Service summary reports are provided on the HSRS system to assist management in tracking agency activity. The L103 report totals, for each target group, the number of clients active in each SPC for the previous month. It also breaks these clients down into age groups, and classifies the services as purchased or provided.

The L104 report is identical to the L103, except that it uses SPC as the primary variable, and target group as the secondary variable.

The L400 report lists for each combination of SPC provider, SPC and Target Group, the number of clients active in the month being reported, admissions and discharges during this month, and units of service for this month.* Year to date clients and units of service are also presented.

The L300 report provides a yearly summary of units and costs on all programs provided to waiver clients.

*Because of the delay in unit reporting, the month being reported always precedes the program run month by two months. Thus, the L400 run in early April, 2004 will be reporting on clients and units associated with February, 2004.

APPENDIX B

.&FORMAT █████ CO DEPT OF SOC SERV L103 █████ PRINTS:1 FICHE: 0

REPORTING UNIT: 1058 █████ DEPT OF SOC SERV

SEQNO: 1 PAGE: 1

REPORT ID : HRSR-L103 SUMMARY OF CLIENTS RECEIVING SERVICE FOR THE MONTH OF MAY 2004

RUNDATE: 05/29/04

-- AGE BY PURCHASED/PROVIDED --

TARGET GROUP AND SPC	(0 - 17)		(18 - 64)		(65 AND OVER)		TOTAL
	PURCH	PROV	PURCH	PROV	PURCH	PROV	
DEVELOP DISABLE							
095	0	0	1	0	0	1	2
SUPP HOME CR	0	0	1	0	0	0	1
TRANS/ESCORT	0	0	0	1	0	0	1
INTER SERV	0	0	0	4	0	0	4
CASE MANAGMNT	0	0	0	1	0	0	1
HLTH SCREEN	0	0	0	1	0	0	1
--TOTAL-----	0	0	2	7	0	1	10
DELNQT STAT OFF							
FOSTER HOME	3	0	0	0	0	0	3
GROUP HOME	1	0	0	0	0	0	1
COURT STUDIES	0	136	0	9	0	0	145
PROBA/SUPERV	0	118	0	17	0	0	135
RESTITUTION	0	41	0	8	0	0	49
COUNSELING	0	110	0	2	0	0	112
INTAKE ASSES	0	9	0	2	0	0	11
--TOTAL-----	4	414	0	38	0	0	456

REPORT:

L103

TIME PERIOD COVERED:

Month prior to run month.

PRIMARY SORTS:

Agency

SECONDARY SORTS:

Target group, SPC.

COMMENTS:

Presents Target Group/SPC breakdowns for the previous month by age and purchased/provided groupings.

APPENDIX B

.&FORMAT DOOR CO DEPT OF SOC SERV L104 101500 PRINTS:1 FICHE: 1
 REPORTING UNIT: 1015 DOOR CO DSS
 REPORT ID : HSRS-L104 SPCS OPEN OR ACTIVE FOR THE CALENDAR MONTH OF MAY 2004
 BY CLIENT TARGET GROUP, AGE GROUP AND PURCHASED/PROVIDED

SEQNO: 2 PAGE: 1
 RUNDATE: 05/29/04

SPC AND TARGET GROUP	(0 - 17)		(18 - 64)		(65 AND OVER)		TOTAL
	PURCH	PROV	PURCH	PROV	PURCH	PROV	
095							
PHY/SENS DISABLE	0	0	2	0	0	0	2
ADULTS & ELDERLY	0	0	0	0	11	0	11
--TOTAL-----	0	0	2	0	11	0	13
ADULT DAY CARE							
ADULTS & ELDERLY	0	0	0	0	1	0	1
--TOTAL-----	0	0	0	0	1	0	1
RESPIRE CARE							
ADULTS & ELDERLY	0	0	0	0	7	0	7
--TOTAL-----	0	0	0	0	7	0	7
SUPP HOME CR							
PHY/SENS DISABLE	0	0	51	1	2	1	55
ADULTS & ELDERLY	0	0	7	0	107	3	117
--TOTAL-----	0	0	58	1	109	4	172
TRANS/ESCORT							
PHY/SENS DISABLE	0	0	2	0	0	0	2
ADULTS & ELDERLY	0	0	0	0	6	0	6
CHLD ABS NEGLECT	2	0	0	0	0	0	2
--TOTAL-----	2	0	2	0	6	0	10

REPORT: L104
 TIME PERIOD COVERED: Month prior to run month.
 PRIMARY SORTS: Agency
 SECONDARY SORTS: Standard Program Code, Target Group.
 COMMENTS: Presents SPC/Target Group breakdown for the previous month by age and purchased/provided groupings.

APPENDIX B

.&FORMAT █████ DEPT OF SOC SERV L400 █████ PRINTS:1 FICHE: 1
 REPORTING UNIT: █████ DEPT OF SOC SERV
 REPORT ID : HRSR-L400 MONTHLY SERVICE SUMMARY

PAGE: 1

REPORT PERIOD: APR 2004

				-----CURRENT MONTH-----				---YEAR-TO-DATE---	
SPC PROVIDER	SPC	TG	UNIT TYPE	ACTIVE CLIENTS	ADMIS- SIONS	DIS- CHARGES	UNITS OF SERVICE	CLIENTS	UNITS OF SERVICE
	301	06		1	0	0	0.00	1	0.00
BROWN COUNTY SHELTER CARE	305	06	01	1	0	0	0.00	2	3.00
CURATIVE REHABILITATION CENTERWRAPAROUND	104	58		1	0	0	0.00	1	0.00
VISITING NURSES ASSOCIATION	104	58		1	0	0	0.00	1	0.00
INDP LIVING SKILLS TRNG PRGM LAKESHORE	110	06		8	0	0	0.00	8	0.00
	110	61		2	0	0	0.00	2	0.00
CAREGIVERS HOME HEALTH	104	58		3	0	0	0.00	3	0.00
SPECIALIZED SERVICES, LLC █████	104	58		2	0	0	0.00	2	0.00
IN-HOME CARE LLC █████	104	57		1	0	0	0.00	1	0.00

REPORT: L400
 TIME PERIOD COVERED: Two months prior to run date (the report issued early in January, 2004, for example, covers services provided in November, 2003.
 PRIMARY SORTS: Agency
 SECONDARY SORTS: SPC provider (numeric designation).
 COMMENTS: Summarizes by SPC Provider, SPC and Target Group, active clients, admissions, discharges and units of service for the month being reported on. Also provides year to date totals of clients served, and units of service.

APPENDIX B

DIVISION OF DISABILITY AND ELDER SERVICES

July 21, 2003

TO: Local Agency Contacts for HSRS
FROM: Ruth Diehl, Information Resources Manager
RE: HSRS FINAL DATA FOR 2002

As in previous years, attached is a report showing data reported on HSRS by your agency for the past 7 years. This report shows your client totals for each of the major target groups for each of the past 7 years as well as unduplicated totals. Many agencies have indicated this is useful for determining agency trends and projecting future needs.

Also attached is a report showing just 2002 data, including data about the age, race, and sex of clients and the services delivered. The reporting deadline for 2002 was February 28, 2003, but all data entered until the end of June are included.

Please share this report with your agency director and other staff who might find it useful.

I would appreciate a reply from you which explains a significant drop (say 10% or more) for any target group. I may use this to footnote reports that are prepared using the data. If you feel you have missing data, also indicate that to me and try to get the data entered in the next two weeks. Lastly, if you identify any policy changes that may contribute to such drops, please indicate what those are. Replies may be sent to the SOS Desk or directly to me. If we have called you in the last few weeks and you explained this over the phone, you need not respond again.

Please note that Birth to Three module clients are counted in the Children and Family category. But that was true last year as well, so it should not cause a major change in numbers. For many of our reports, these clients will be counted in the DD category, but these two attached reports have not yet been changed.

I noticed slight variations in the numbers between the two reports for some counties. This may be due to the different dates on which the reports were run. Or, there may be variations in the way clients are counted. We are checking on this. In any case, the differences were not substantial, so I decided not to hold up on sending out the reports, since many of you had asked for them.

Your help in assuring complete and accurate data is much appreciated.

The SAS System
 CALENDAR YEAR 1999 CLIENTS SERVED
 DEMOGRAPHICS AND SERVICE PROVIDED

8:52 Thursday, August 3, 2000 1

STATE TOTALS

PROGRAM LIBRARY MEMBER PWRXXX SUMHSRS6

TARGET GROUP	AGE								RACE			SEX		TOTAL		
	0-5	6-11	12-17	18-21	22-44	45-49	60-74	75+	ASIAN	BLACK	HISP.AM	IND	WHITE	FEMALE	MALE	
DEVELOP DISABLE	5861	2897	2088	1889	11344	5180	1843	503	379	3155	0	294	27170	13483	18120	31903
DELNQT STAT OFF	128	2168	29619	4265	493	2	0	0	1018	7102	0	1184	26480	10758	25917	49621
AODA	33	32	2008	4979	33370	7733	1274	183	184	4315	0	1451	42581	12396	37225	88625
MENTAL HEALTH	611	3891	9334	6816	42311	16715	5493	3454	1061	7830	0	1116	77228	44608	44017	9643
PHY/SENS DISABLE	282	205	191	174	2535	3659	2156	441	129	1515	0	140	765	5520	4123	46740
ADULTS & ELDERLY	0	0	1	119	1125	1528	12036	31931	407	3943	3	323	41760	31409	14331	56191
CHLD ABS NEGLECT	14929	20676	18179	2157	248	1	1	0	975	17659	3	1401	34298	29539	26652	83983
CHILDREN & FAMILY	18039	15412	17383	4817	21549	3271	438	3041	1400	30522	0	1435	46496	47352	23361	83
FAM MBR/DD	9	15	7	3	36	9	2	2	0	11	0	2	69	42	41	8142
FAM MBR/DSD	50	196	316	126	4970	2046	78	360	276	678	0	160	7014	4031	3129	289
FAM MBR/AODA	5	6	53	23	137	48	7	0	2	37	0	3	247	197	92	672
FAM MBR/MH	36	115	104	31	294	75	10	7	22	165	0	12	468	429	426	27
FAM MBR/P&SD	3	4	8	2	7	1	0	1	1	1	0	1	24	11	16	160
FAM MBR/AD&ELD	2	2	5	8	74	44	23	5	0	1	0	20	137	133	27	13215
FAM MBR/CAN	804	1124	1011	613	8016	1245	112	279	445	1318	0	341	10975	7891	5234	55
OTHER	0	0	3	2	25	14	58	3	1	2	0	2	51	32	23	231

IN THESE TABLES 1999 DATA IS UNDUPLICATED STATEWIDE OVER ALL AGENCIES
 PRIOR TO 1990 DATA WAS UNDUPLICATED WITHIN AN AGENCY ONLY

TARGET GROUP	SPC 100	SPC 104	SPC 107	SPC 200	SPC 300	SPC 400	SPC 500	SPC 600	SPC 615	SPC 700	SPC 800	SPC 900	SPC 925	TOTAL
DEVELOP DISABLE	57	3969	3332	1781	22795	3713	54	14660	3560	5062	3335	1906	4	31603
DELNQT STAT OFF	3	3	137	273	7338	22756	3	234	0	5247	19991	2914	0	36675
AODA	12	55	61	386	7735	30221	183	341	12	3912	21931	5719	0	49621
MENTAL HEALTH	148	909	570	1803	19865	17935	7101	2059	1106	3609	64212	16526	295	88625
PHY/SENS DISABLE	5	4077	1533	507	7094	3658	5	399	99	382	555	2039	0	9643
ADULTS & ELDERLY	0	12631	3550	4552	28061	232041	17	738	178	2928	2585	268	0	46740
CHLD ABS NEGLECT	1606	8	128	207	10238	38260	2	14	0	9918	14994	566	3	56191
CHILDREN & FAMILY	3077	30	171	1636	8537	45986	7	8541	2	5120	26171	596	5	83903
FAM MBR/DD	0	0	2	0	52	10	0	3	0	3	25	0	0	83
FAM MBR/DSD	0	2	5	5	1027	4469	0	73	0	5	4499	23	0	8142
FAM MBR/AODA	0	0	0	0	80	69	0	0	0	3	190	0	0	289
FAM MBR/MH	0	0	2	2	366	13	0	0	0	9	578	0	0	672
FAM MBR/P&SD	1	0	0	0	1912	4	0	0	0	0	5	0	0	27
FAM MBR/AD&ELD	3	0	0	3	3667	141	0	0	0	2	2	0	0	160
FAM MBR/CAN	4	5	12	11	30	9117	1	3	0	16	2690	2	0	13215
OTHER	0	0	3	0	0	5	5	0	0	2	18	0	0	55

HSRS CLIENTS BY TARGET GROUP

06:58 Thursday, April

20,2000 134

1993-1999

AGENCY: [REDACTED] HUMAN SERVICES DEPT

	1993	1994	1995	1996	1997	1998	1999
DEVELOP DISABLE	1287	1318	1412	1563	1499	1416	1538
DELNQT STAT OFF	3107	3068	2351	2676	2561	2514	2667
AODA	3235	3075	1332	1331	1441	1184	1172
MENTAL HEALTH	2657	2874	3031	3346	3004	3036	3205
PHY/SENS DISABLE	148	147	179	271	284	300	296
ADULTS & ELDERLY	1843	1955	1931	2228	2266	2062	2286
ABUS/NEGL CHILD	1646	1750	1367	1887	1793	1345	1316
CHILDREN & FAMIL\	3989	4365	4310	5323	5016	4464	4370
FAM MBR/DD	4	1	3	5	6	4	3
FAM MBR/DSD	2262	2142	1834	2325	2039	1507	1417
FAM MBR/AODA	20	18	8	8	9	9	2
FAM MBR/MH	113	105	66	15	11	10	9
FAM MBR/PSD	2	2	2				1
FAM MBR/A+E	0		2	6	4	4	
FAM MBR/CAN	2062	2298	1709	2435	2116	1635	1587
OTHER							
UNDUP.CLIENTS	19021	19342	16494	19560	18749	16641	17022

APPENDIX B

VII. CHILDREN IN SUBSTITUTE CARE (CSC) REPORTS

A special set of programs is available on HSRS for CSC workers. The L532 lists all Substitute Care clients served by the agency for the previous year. The L534 is an agency client listing of all CSC clients who were active during the previous month. The L533 also lists all CSC clients who were active in the previous month, but it is sorted by worker and therefore is a worker listing rather than an agency listing.

The L510 report lists days of service provided to CSC clients by Foster or Group Homes or RCCs within each month of the current year. It is particularly useful for clients who enter or terminated Substitute Care during the previous month, or for clients who were served by more than one provider during the month.

APPENDIX B

REPORTING UNIT: 1013 DANE CO DEPT OF SOC SERV SEQNO: 0001 PAGE: 0001
 REPORT ID : HSRS-L532 ALPHABETICAL LISTING OF SUBSTITUTE CARE CLIENTS IN OPEN CSC EPISODES DURING 2004 RUNDATE: 29MAY04

CLIENT NAME	HSRS ID NBR.	X H BIRTH DT.	SOC-SEC-NO	CSC WORKER	WORKER NO.	PLACE DT	TYPE N	END DATE	CD.	KEY	SPC	PROVIDER	STRT.DT.	END DATE
ADA [REDACTED] N L	D522-[REDACTED]-6030	M B 06/25/92	32-[REDACTED]3			12/09/03	06 1		00	01	203	2240131346	12/09/03	03/02/04
		P 2	M01-[REDACTED]3						02	504	0641200000		03/02/04	
ALE [REDACTED] AVID R	G182-[REDACTED]-1040	M B 08/01/90	49-[REDACTED]463			04/19/04	01 1		00	01	203	2240131506	04/19/04	
ALL [REDACTED] YVA C	X555-[REDACTED]-5040	F B 02/15/97	361-[REDACTED]6			11/24/03	01 1		00	01	203	2240131648	11/24/03	
		P 2	O-[REDACTED]575						00	01	203	2240131650	08/16/03	
ALL [REDACTED] FER	E185-[REDACTED]-5040	F W 03/01/99	38-[REDACTED]221			08/16/03	01 1		00	01	203	2240131650	08/16/03	
		P 2	P0-[REDACTED]70						00	01	203	2240131519	12/03/03	
ALL [REDACTED] M	C921-[REDACTED]-2040	M B 04/09/92	34-[REDACTED]616			10/14/03	01 1		00	02	203	2240131519	12/03/03	
		S 2	A0-[REDACTED]05						00	02	203	2240131146	11/03/03	
ALV [REDACTED] RCO	A763-[REDACTED]-6040	M W 10/07/89	39-[REDACTED]426			08/25/03	01 1		00	03	203	2240131146	11/03/03	
		N 2	L0-[REDACTED]26						00	03	203	2240131610	11/26/03	04/12/04
AND [REDACTED] DREW	C233-[REDACTED]-5050	M B 09/12/88	39-[REDACTED]848			11/26/03	01 1	04/12/04	12	01	203	2240131610	11/26/03	04/12/04
		N 2	V0-[REDACTED]82			04/21/04	01 1		00	01	203	2240131610	04/21/04	
			L0-[REDACTED]22						00	01	203	2210130346	09/17/03	
ATK [REDACTED] ENA	W819-[REDACTED]-5030	F A 11/18/87	35-[REDACTED]089			09/17/03	01 1		00	01	203	2210130346	09/17/03	
		N 2	N0-[REDACTED]28						00	01	203	2240131450	06/23/03	
BAL [REDACTED] HARD	A604-[REDACTED]-2140	M B 11/06/00	38-[REDACTED]743			06/23/03	01 1		00	01	203	2240131450	06/23/03	
		R 1	N0-[REDACTED]8						00	01	203	2240130657	12/30/91	
BAM [REDACTED] ERESA L	U129-[REDACTED]-6150	F W 08/21/86	39-[REDACTED]91			12/30/91	01 8		00	01	203	2240130657	12/30/91	
		N 2	C0-[REDACTED]5						00	01	203	2210130397	08/22/02	
BAN [REDACTED] EXIS	K807-[REDACTED]-4150	F B 06/08/94	39-[REDACTED]363			08/22/02	01 1		00	01	203	2210130397	08/22/02	
		R 1	J01-[REDACTED]2						00	01	203	2210130397	08/22/02	

REPORT: L532
 TIME PERIOD COVERED: Active during current calendar year.
 PRIMARY SORTS: Agency
 SECONDARY SORTS: Client name (alphabetical)
 COMMENTS: Lists all clients served in CSC programs during past year.

APPENDIX B

REPORTING UNIT: ██████████ DEPT OF SOC SERV SEQNO: 0001 PAGE: 0001
 REPORT ID: HSR5-L534 ALPHABETICAL LISTING OF SUBSTITUTE CARE CLIENTS IN OPEN CSC EPISODES DURING MAY RUNDATE: 29MAY04

CLIENT NAME	HSRS ID NBR.	X H BIRTH DT	SOC-SEC-NO	CSC WORKER	PLACE DT	TYPE N	END DATE	CD.	KEY	SPC	PROVIDER	STRT.DT.	END DATE
AND ██████████	SHA S	F W 03/02/99	389-19-0282	TRENA	ABBOTT	01 1		00	01	203	2210100166	08/12/02	
	M285-████████	R 3	D0111988	9101021500	08/12/02	01 1		00	01	203	2210100166	08/12/02	
DOL ██████████	R M	F W 03/07/86	399-94-7989	TRENA	ABBOTT	01 5		00	02	203	2210100157	01/08/01	
	P785-████████	R 2	F0070416	9101021500	07/24/96	01 5		00	02	203	2210100157	01/08/01	
HEI ██████████		M W 01/29/92	398-08-6006	GERALD	SMITH	06 1		00	01	504	0641000000	08/06/03	
	W920-████████	P 2	A0115573	9101020200	08/06/03	06 1		00	01	504	0641000000	08/06/03	
JON ██████████	E J	F W 04/29/89	392-04-1935	JEN	BERGER	05 1		00	05	204	0998600000	10/12/03	
	Z946-████████	S 2	N0107110	9101021700	08/14/01	05 1		00	05	204	0998600000	10/12/03	
LEA ██████████	A	F W 11/05/85	420-23-4672	GERALD	SMITH	01 8		00	01	203	2210100002	12/14/01	
	O509-████████	N 2	U0109093	9101020200	12/14/01	01 8		00	01	203	2210100002	12/14/01	
NEW ██████████	E A	F W 07/06/87	388-98-8143	JEN	BERGER	01 1		00	01	203	2210100047	12/08/00	
	L647-████████	R 2	E0102707	9101021700	12/08/00	01 1		00	01	203	2210100047	12/08/00	
OLD ██████████		F W 10/28/00	389-21-1881	TRENA	ABBOTT	01 6		00	02	203	2210100091	08/21/02	
	K888-████████	R 2	W0112033	9101021500	08/13/02	01 6		00	02	203	2210100091	08/21/02	
PET ██████████	AYNE	M W 04/28/88	393-02-9039	GERALD	SMITH	06 1		00	02	504	0790400000	10/14/03	01/12/04
	O841-████████	N 2	H0115996	9101020200	10/02/03	06 1		00	02	504	0790400000	10/14/03	01/12/04
								03	504	0751300000	01/12/04		

REPORT: L534
 TIME PERIOD COVERED: CSC clients active during previous month.
 PRIMARY SORTS: Agency
 SECONDARY SORTS: Client name (alphabetical)
 COMMENTS: Lists all clients served by the agency in CSC programs during the past month.

APPENDIX B

REPORTING UNIT: [REDACTED] DEPT OF SOC SERV SEQNO: 0002 PAGE: 0002
 REPORT ID : HSRS-L533 ALPHABETICAL LISTING OF SUBSTITUTE CARE CLIENTS IN OPEN CSC EPISODES DURING MAY RUNDATE: 29MAY04
 SEPARATE BY # : 01 [REDACTED] 00
 NAME : [REDACTED] [REDACTED]

CLIENT NAME	HSRS ID	R S A	BIRTH DATE	SOC-SEC-NO	F P	CSC EPSPD KEY	CSC PLMT DATE	T P Y L	P A E N	CSC END DATE	END	CD.	KEY CDE	PROVIDER	STRT.DT.	END DATE
HEI [REDACTED]	W920-[REDACTED]-6050	M W	01/29/92	39 [REDACTED] 06	P	A0 [REDACTED] 73	08/06/03	06 1			00	01	504	0641000000	08/06/03	
LEA [REDACTED] ISA	O509-[REDACTED]-2420	F W	11/05/85	42 [REDACTED] 72	N	U0 [REDACTED] 93	12/14/01	01 8			00	01	203	2210100002	12/14/01	
PET [REDACTED] AYNE	O841-[REDACTED]-5130	M W	04/28/88	39 [REDACTED] 39	N	H0 [REDACTED] 96	10/02/03	06 1			00	02	504	0790400000	10/14/03	01/12/04
												03	504	0751300000	01/12/04	
ROT [REDACTED] ILON	R146-[REDACTED]-1630	F I	04/21/02	38 [REDACTED] 27	R	Q0 [REDACTED] 99	06/07/02	01 4			00	01	203	2210100161	06/07/02	
WAL [REDACTED] AN J	T500-[REDACTED]-4040	M W	01/05/93	- -	N	D0 [REDACTED] 10	01/17/02	01 1			00	01	203	2210100160	01/17/02	
WAL [REDACTED] EPH J	D702-[REDACTED]-1040	M W	06/07/94	- -	N	B0 [REDACTED] 08	01/17/02	01 1			00	01	203	2210100160	01/17/02	

REPORT: L533
 TIME PERIOD COVERED: Month previous to month of run.
 PRIMARY SORTS: Agency, worker
 SECONDARY SORTS: Client name
 COMMENTS: Lists, by worker, all Children in Substitute Care, whose CSC episode was open during the previous month. The clients are listed alphabetically.

APPENDIX B

REPORTING UNIT: ██████████ DEPT OF HUMAN SERV
 REPORT ID : CSC - LAST REVIEW AND LAST DISPOSITION HEARING DATES - CHECK LIST
 WORKER ID: 94██████00 GENERIC CCDHS

PW0086SJ

PAGE: 1
 RUNDATE: 29MAY04

0 CHILD NAME	CHILD NUMBER	MOD KEY	EPISODE START DT	EPISODE END DATE	ADMIN/JUDICIAL REVIEW DATE	LAST DISPOSITION HEARING DATE
-----	-----	-----	-----	-----	-----	-----
- DES ████████ TASIA M	B046 ████████ 320	B0115808	07/30/03	04/13/04	___/___/___	___/___/___
- DUN ████████ W	O783 ████████ 350	G0115189	05/07/03	.	___/___/___	08/12/2003
- FEA ████████	V015 ████████ 140	Y0112867	10/10/02	12/09/03	04/09/2003	03/13/2003
- FEA ████████ EW A	B380 ████████ 140	D0112872	10/10/02	12/09/03	04/09/2003	03/13/2003
- JUC ████████ OY T	Q823 ████████ 250	M0116599	11/19/03	.	___/___/___	___/___/___
- JUC ████████ A F	Y331 ████████ 250	L0116598	11/19/03	.	___/___/___	___/___/___
- JUC ████████ A	C492 ████████ 250	K0116597	11/19/03	.	___/___/___	___/___/___
- RAY ████████	Q892 ████████ 600	J0112826	09/09/02	.	02/28/2003	11/05/2002
- REI ████████ EL A	W520 ████████ 650	W0114633	03/18/03	12/01/03	___/___/___	___/___/___
- THO ████████ ER	T100 ████████ 350	V0112916	08/09/02	01/15/04	02/07/2003	08/26/2002
- WAL ████████ B M	A212 ████████ 040	G0115865	07/31/03	.	___/___/___	___/___/___
-						

REPORT: S079
 TIME PERIOD COVERED: Monthly
 PRIMARY SORTS: Agency, CSC worker
 SECONDARY SORTS: Client name (alphabetical)
 COMMENTS: This report replaces the L502 report and is sent to each agency that has due or overdue administrative or judicial reviews. Either one or the other of these reviews must occur every six months. The report also includes a column for entry of the date of any dispositional hearing which has been held since the child entered substitute care. If a hearing substitutes for a review, enter the date in both columns. Our federal reporting uses this information to certify that our reporting is current and accurate.

APPENDIX B

REPORTING UNIT:				DEPT OF SOC SERV												PAGE:		1																			
REPORT ID		: HSRS-L510		SUBSTITUTE CARE DAYS OF SERVICE REPORT												REPORT MONTH:		MAY, 2004																			
CLIENT NAME				EPIS KEY		SPC		PROGRAM		PROGRAM		-----MONTHLY												DAYS OF SERVICE-----		YTD											
HSRS ID NBR				PK SPC		PROVIDER		START		END		JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC		DAYS	
ADA- L				M0		73																															
D522--6030				01 203		2240131346		12/09/03		03/02/04		31		29		1		0		0		0		0		0		0		0		0		61			
				02 504		0641200000		03/02/04				0		0		30		30		31		0		0		0		0		0		0		91			
ALE-VID R				K0		21																															
G182--1040				01 203		2240131506		04/19/04				0		0		0		12		31		0		0		0		0		0		0		43			
ALL-VA C				00		75																															
X555--5040				01 203		2240131648		11/24/03				31		29		31		30		31		0		0		0		0		0		0		152			
ALL-ER				P0		70																															
E185--5040				01 203		2240131650		08/16/03				31		29		31		30		31		0		0		0		0		0		0		152			
ALL-				A0		05																															
C921--2040				02 203		2240131519		12/03/03				31		29		31		30		31		0		0		0		0		0		0		152			
ALV--CO				L0		26																															
A763--6040				03 203		2240131146		11/03/03				31		29		31		30		31		0		0		0		0		0		0		152			
AND--REW				V0		82		EPISODE CLOSED																													
C233--5050				01 203		2240131610		11/26/03		04/12/04		31		29		31		11		0		0		0		0		0		0		0		102			
				L0		22																															
				01 203		2240131610		04/21/04				0		0		0		10		31		0		0		0		0		0		0		41			
ATK--NA				N0		28																															
W819--5030				01 203		2210130346		09/17/03				31		29		31		30		31		0		0		0		0		0		0		152			
BAL--ARD				N0		78																															
A604--2140				01 203		2240131450		06/23/03				31		29		31		30		31		0		0		0		0		0		0		152			

REPORT: L510
TIME PERIOD COVERED: Current year, except the report issued in early January covers previous year.
PRIMARY SORTS: Agency
SECONDARY SORTS: Client name
COMMENTS: Days of service provided by each SPC provider for each month of current year.

APPENDIX B

RUN DATE: 5/01/04 SUBSTITUTE CARE FISCAL PAGE 001
 AGENCY: DEPT OF SOC SERV PRELIMINARY REPORT : MARCH, 2004

CLIENT NAME													
CLIENT ID/MODULE NUMBER	PRIOR	DAYS											REFUND
PROVIDER NAME	ACT'Y	OF	SUPPLE-	EXCEP-	INITIAL	ADDITIONAL							
PROVIDER ID	MO/YR	FFP	CARE	UFCR	MENTAL	TIONAL	CLOTHING	PAYMENTS	TOTAL	REFUNDS	SOURCE		
AD 6030/M0116573	TREVON L	P	1	10.79	7.08	25.80	0.00	0.00	43.67				
BL 1346	FOSTER HOME												
AL 2040/U0087383	LUISA	N								80.00	04		
JO 1046	-BROWN FOSTER HOME												
AL 5040/A0111049	DANIELLE L	N								100.00	04		
Z695 0100	FOSTER HOME												
AL 05040/O0116575	CINTAYVA C	P	31	329.00	324.00	0.00	0.00	0.00	653.00	240.94	05		
JO 1648	FOSTER HOME												
AL 05040/P0115770	JENNIFER	P	31	329.00	324.00	0.00	0.00	0.00	653.00	277.08	05		
E18 1650	G FOSTER HOME												
AL 66040/L0116026	LAKEEM	E	31	329.00	252.00	919.00	0.00	0.00	1,500.00				

REPORT: Preliminary Report
 TIME PERIOD COVERED: The current month as shown in the Report Month/Year covers all the clients active and receiving substitute care funds as of the 20th of that month (1st) and/or on the next to the last day of that month (2nd) and/or the 15th of the following month (3rd or last).
 PRIMARY SORTS: Agency, foster and unincorporated group homes, corporate group homes, and child caring institutions.
 SECONDARY SORTS: Client name (alphabetical by last name) for foster and unincorporated group homes. Alphabetical by facility name for group home and CCIs with client name alphabetical within each facility.
 COMMENTS: These listings should be used as work sheets to check the accuracy of the cases on the system as of that date.

APPENDIX B

RUN DATE: 5/01/04

SUBSTITUTE CARE FISCAL

PAGE 001

AGENCY: [REDACTED] DEPT OF SOC SERV

PRELIMINARY REPORT

: MARCH, 2004

CLIENT NAME

CLIENT ID/MODULE NUMBER	PRIOR	DAYS										REFUND	
PROVIDER NAME	ACT'Y	OF	SUPPLE-	EXCEP-	INITIAL	ADDITIONAL							
PROVIDER ID	MO/YR	FFP	CARE	UFCR	MENTAL	TIONAL	CLOTHING	PAYMENTS	TOTAL	REFUNDS	SOURCE		
AD [REDACTED] TREVON	L	P	1	10.79	7.08	25.80	0.00	0.00	43.67				
D522 [REDACTED] 6030/M0116573													
BL [REDACTED] FOSTER HOME													
224 [REDACTED] 1346													
AL [REDACTED] RA LUISA		N								80.00	04		
F048 [REDACTED] 2040/U0087383													
JO [REDACTED] -BROWN FOSTER HOME													
224 [REDACTED] 1046													
AL [REDACTED] ER DANIELLE	L	N								100.00	04		
Z695 [REDACTED] 5040/A0111049													
PA [REDACTED] FOSTER HOME													
224 [REDACTED] 0100													
AL [REDACTED] CINTAYVA	C	P	31	329.00	324.00	0.00	0.00	0.00	653.00	240.94	05		
X555 [REDACTED] 05040/O0116575													
JO [REDACTED] FOSTER HOME													
224 [REDACTED] 1648													
AL [REDACTED] JENNIFER		P	31	329.00	324.00	0.00	0.00	0.00	653.00	277.08	05		
E18 [REDACTED] 05040/P0115770													
LE [REDACTED] G FOSTER HOME													
224 [REDACTED] 1650													

REPORT:

Final Report

TIME PERIOD COVERED:

All clients active and receiving substitute care funds during the Report Month/Year.

PRIMARY SORTS:

Agency, foster and unincorporated group homes, corporate group homes, and residential care centers.

SECONDARY SORTS:

Alphabetical by client name for foster and unincorporated group homes. Alphabetical by facility name for group homes with client name alphabetical within each facility.

and RCCs

COMMENTS:

Provides information on the expenditures and refunds for each child in substitute care and provides totals for each type of placement and a grand total. Includes a summary at the end of the report. This is used as the basis for claiming reimbursement from the federal government for substitute care costs.

APPENDIX B

RUN DATE: 5/01/04 SUBSTITUTE CARE FISCAL LISTING FOR 01/01/1998 THRU 06/30/1998 PAGE 001
 AGENCY: █████ DEPT OF SOC SERV YTD REPORT : MARCH, 2004

CLIENT NAME													
CLIENT ID/MODULE NUMBER	PRIOR	DAYS											REFUND
PROVIDER NAME	ACT'Y	OF	SUPPLE-	EXCEP-	INITIAL	ADDITIONAL							
PROVIDER ID	MO/YR	FFP	CARE	UFCR	MENTAL	TIONAL	CLOTHING	PAYMENTS	TOTAL	REFUNDS	SOURCE		
AD █████ TREVON	L	P	1	10.79	7.08	25.80	0.00	0.00	43.67				
D522 █████ 6030/M0116573													
BL █████ FOSTER HOME													
224 █████ 1346													
AL █████ RA LUISA		N								80.00	04		
F048 █████ 2040/U0087383													
JO █████ -BROWN FOSTER HOME													
224 █████ 1046													
AL █████ ER DANIELLE	L	N								100.00	04		
Z695 █████ 5040/A0111049													
PA █████ OSTER HOME													
224 █████ 0100													
AL █████ CINTAYVA	C	P	31	329.00	324.00	0.00	0.00	0.00	653.00	240.94	05		
X555 █████ 05040/O0116575													
JO █████ FOSTER HOME													
224 █████ 1648													
AL █████ JENNIFER		P	31	329.00	324.00	0.00	0.00	0.00	653.00	277.08	05		

REPORT: Year to Date Report
 TIME PERIOD COVERED: All clients active and receiving substitute care funds during the time period covered by the YTD report. The report is produced for each quarter and covers the entire previous part of the year. A final YTD report is produced early in the following year.
 PRIMARY SORTS: Agency, foster and unincorporated group homes, corporate group homes and residential care centers (RCCs).
 SECONDARY SORTS: Alphabetical by client name for foster and unincorporated group homes. Alphabetical by facility name for group homes and RCCs with client name alphabetical within each facility.
 COMMENTS: Provides information on the expenditures and refunds for each child in substitute care and provides totals for each type of placement and a grand total. Includes a summary at the end of the report. This is used as the final basis for claiming reimbursement from the federal government for substitute care costs during a given year.

APPENDIX B

RUNDATE: 12AUG02

AGENCY: [REDACTED] DEPT OF SOC SERV

SUBSTITUTE CARE FISCAL LISTING FOR 01/01/2002 THRU 06/30/2002

YTD REPORT - DETAIL

PAGE: 24

YEAR: 2002

CLIENT NAME											
CLIENT ID/MODULE NUMBER	PROVIDER NAME	FFP	MM	DAYS OF CARE	BASIC	SUPPLE- MENTAL	EXCEP- TIONAL	INITIAL CLOTHING	ADDITIONAL PAYMENTS	TOTAL	REFUNDS-SRC
DET [REDACTED] IJO		N	JAN								187.06 05
G076 [REDACTED] 536/E0107309			FEB								100.00 04
JIM [REDACTED] TER HOME			MAR								328.28 04
22 [REDACTED] 422											
DEX [REDACTED] LA M		R	JAN	31	329.00	324.00	0.00	0.00	0.00	653.00	
B626 [REDACTED] 432/K0103675			FEB	28	329.00	324.00	0.00	0.00	0.00	653.00	
DOA [REDACTED] R HOME			MAR	31	329.00	324.00	0.00	0.00	0.00	653.00	
22 [REDACTED] 089			APR	30	329.00	324.00	0.00	0.00	0.00	653.00	107.02 05
			MAY	31	329.00	324.00	0.00	0.00	0.00	653.00	
			JUN	30	329.00	324.00	0.00	0.00	0.00	653.00	
DIA [REDACTED] A		R	JAN	13	140.66	92.88	0.00	0.00	0.00	233.54	
K350 [REDACTED] 032/T0109508			FEB	28	329.00	216.00	0.00	0.00	0.00	545.00	
HAM [REDACTED] TER HOME			MAR	31	329.00	216.00	0.00	0.00	0.00	545.00	
22 [REDACTED] 496			APR	30	329.00	216.00	0.00	0.00	0.00	545.00	
			MAY	31	329.00	216.00	0.00	0.00	0.00	545.00	
			JUN	8	86.56	56.80	0.00	0.00	0.00	143.36	

REPORT:

TIME PERIOD COVERED:

PRIMARY SORTS:

SECONDARY SORTS:

COMMENTS:

Year to Date Report - Detail

All clients active and receiving substitute care funds during the time period covered by the report. It is produced only at year-end for the entire preceding year.

Agency, foster and unincorporated group homes, corporate group homes and residential care centers (RCCs).

Alphabetical by client name for foster and unincorporated group homes. Alphabetical by facility name for group homes and RCCs with client name alphabetical within each facility. Each child's expenditures are shown by individual month of care.

This YTD report is supplied to counties which have specifically requested it. It is basically used to determine where possible reporting errors of expenditures and refunds may have occurred so the agencies can correct the information as needed. Otherwise, it contains the same information as the regular YTD report.

APPENDIX B

VIII. 32T REPORTING TURNAROUNDS

32T reports are designed to assist agencies in the reporting of required data to meet state and federal reporting requirements.

Four versions of the 32T exist. Two of the versions list all SPCs open for the agency in the month prior to the report. The other two versions list only SPCs on which units reporting is a requirement. Each of these versions is also available sorted either by worker or by SPC provider.

The 32WV lists all Waiver programs open during the previous month, and provides spaces for units and costs to be entered for each program. It is sorted by worker.

The 32TC lists all children in substitute care.

You may request the 32T using the report menu (screens 05 and 08) on HSRS. However, you must then let the SOS Desk know the specific version(s) you desire:

- By Worker or Provider
- All SPCs or those for which unit reporting is required

APPENDIX B

REPORTING UNIT: [REDACTED] OF SOC SERV
 REPORT ID : HSRS-32T UNITS REPORT
 SEPARATE BY # : [REDACTED]
 NAME : [REDACTED] CARE LLC

PAGE: 8
 REPORT MONTH: MAY04

NAME	:	CARE LLC	ELLEN ANN													
				MOD	SUB			SPC	SPC	EPISODE	PGM	DAYS	OTHER	SPC	DEL	END
CLIENT NAME		CLIENT NBR		TYPE	SPC	PGM	TG	STRT DATE	PROVIDER	KEY	KEY		UNITS	END DATE	MM/YY	RSN
BR [REDACTED], MA [REDACTED]		T117-[REDACTED]		-6160	1	104	58	07/07/03	7210150006	N3186989	05		____.____	_____	5/04	__
BR [REDACTED], WIL [REDACTED] E		Z052-[REDACTED]		-4160	1	104	58	07/07/03	7210150006	Y2786392	07		____.____	_____	5/04	__
CO [REDACTED] Y, MA [REDACTED] C		E478-[REDACTED]		-6250	1	104	58	07/01/03	7210150006	R3185667	05		____.____	_____	5/04	__
CO [REDACTED], DO [REDACTED] A		M645-[REDACTED]		-6260	1	104	58	07/07/03	7210150006	F2659831	08		____.____	_____	5/04	__
CR [REDACTED], AU [REDACTED] G		Z595-[REDACTED]		-3260	1	104	58	07/07/03	7210150006	Y1531268	09		____.____	_____	5/04	__
DA [REDACTED], GA [REDACTED] P		S420-[REDACTED]		-6310	1	104	58	07/01/03	7210150006	B3147171	03		____.____	05/16/04	5/04	06
DE [REDACTED], AN [REDACTED] H		E766-[REDACTED]		-5310	1	104	58	07/07/03	7210150006	C2793884	06		____.____	_____	5/04	__
DE [REDACTED], EV [REDACTED] M		N208-[REDACTED]		-1350	1	104	58	07/07/03	7210150006	G2609990	09		____.____	_____	5/04	__
FO [REDACTED], EL [REDACTED] L		J037-[REDACTED]		-4160	1	104	58	07/07/03	7210150006	B3195349	04		____.____	_____	5/04	__
HE [REDACTED], PE [REDACTED] J		Y149-[REDACTED]		-6020	1	104	58	07/07/03	7210150006	Z2933111	05		____.____	_____	5/04	__
KO [REDACTED], CA [REDACTED] J		K386-[REDACTED]		-6250	1	104	58	07/07/03	7210150006	U2644532	06		____.____	_____	5/04	__
KU [REDACTED], CHA [REDACTED] A		K033-[REDACTED]		-6250	1	104	58	02/11/04	7210150006	W3370402	03		____.____	_____	5/04	__
LI [REDACTED], MA [REDACTED] J		H608-[REDACTED]		-6420	1	104	58	07/07/03	7210150006	P2855959	08		____.____	_____	5/04	__
MA [REDACTED], FR [REDACTED] E		X059-[REDACTED]		-6560	1	104	58	07/07/03	7210150006	C2504114	08		____.____	_____	5/04	__
MU [REDACTED], EV [REDACTED] M		I708-[REDACTED]		-1540	1	104	58	07/07/03	7210150006	P2860379	07		____.____	_____	5/04	__
PE [REDACTED], AN [REDACTED] N		G055-[REDACTED]		-5130	1	104	58	07/07/03	7210150006	L2864639	11		____.____	_____	5/04	__
SC [REDACTED], LO [REDACTED]		C786-[REDACTED]		-6250	1	104	58	07/07/03	7210150006	K3291064	05		____.____	_____	5/04	__

REPORT: L110
 TIME PERIOD COVERED: Current
 PRIMARY SORTS: Agency (see below)
 SECONDARY SORTS: (See below)
 COMMENTS: This report acts as a unit reporting reminder. Four versions of this report are available (see next page).

Four versions of this report are available:

PA-SPC	Provider sorted, lists all programs currently open or closed in previous month.
PR-SPC	Provider sorted, lists only those programs currently open or closed in previous month in which unit reporting is required.
WA	Worker sorted, lists all programs currently open or closed in previous month.
WR	Worker sorted, lists only those programs currently open or closed in previous month in which unit reporting is required.

APPENDIX B

REPORTING UNIT: ██████████ DEPT OF SOC SERV
 REPORT ID : HSRS-L120 CSC REFUND REPORT FOR MONTH OF MAY

PAGE: 30

CLIENT NAME	HSRS	CLIENT ID	CSC EPISODE KEY	EPISODE START DATE	EPISODE END DATE	F P	SPC PROVIDER	SPC START DATE	SPC END DATE	REFUND AMOUNT	RE- FUND SRCE
ALL ██████████ ERT D	L300-	██████████-1040	W0018745	10/16/89	10/17/89	N	203 2210050238	10/16/89	10/17/89	_____.	___
			S0019157	11/02/89	11/14/89	N	203 2210050027	11/02/89	11/14/89	_____.	___
ALL ██████████ EMARIE A	B507-	██████████-2040	X0018746	10/16/89	10/17/89	N	203 2210050238	10/16/89	10/17/89	_____.	___
			T0019158	11/02/89	11/14/89	N	203 2210050027	11/02/89	11/14/89	_____.	___
ALL ██████████ OLE L	G947-	██████████-2040	J0021774	03/26/90	03/27/90	N	203 2210050027	03/26/90	03/27/90	_____.	___
ALS ██████████ I M	W387-	██████████-5040	E0004869	08/06/87	08/19/87	N	203 2210050235	08/06/87	08/19/87	_____.	___
ALT ██████████ MANDA J	T348-	██████████-5040	S0004857	09/26/87	12/04/87	N	203 2210050212	09/26/87	12/04/87	_____.	___
AND ██████████ YE M	D987-	██████████-0050	X0000806	03/09/87	04/29/87	R	203 2210050262	03/09/87	04/29/87	_____.	___
			U0005145	10/26/87	08/12/88	N	204 0689200000	10/26/87	11/02/87	_____.	___
							203 2210100051	11/02/87	08/12/88	_____.	___
AND ██████████ NCE A	D102-	██████████-5050	G0041895	03/25/93	11/12/93	N	204 0698800000	03/25/93	11/12/93	_____.	___
AND ██████████ AH R	A427-	██████████-0050	P0033298	12/16/91	12/18/91	N	203 2210050483	12/16/91	12/18/91	_____.	___
AND ██████████ CHOLAS A	K443-	██████████-2050	H0013556	11/10/88	10/03/91	N	203 2210050355	11/10/88	03/10/89	_____.	___
							203 2210050362	03/10/89	10/03/91	_____.	___
AND ██████████ TER J	X092-	██████████-3050	W0013727	11/10/88	10/03/91	N	203 2210050362	11/10/88	10/03/91	_____.	___
AND ██████████ COTT J	T923-	██████████-3050	Q0028411	03/14/91	08/01/91	N	504 0640900000	03/14/91	08/01/91	_____.	___
			H0041948	12/30/92	01/18/93	N	204 0640000000	12/30/92	01/18/93	_____.	___
AND ██████████ VEN S	Y573-	██████████-3050	G0000997	09/05/78	06/01/93	N	504 0707300000	09/05/78	02/05/88	_____.	___
							203 2210050007	02/05/88	06/01/93	_____.	___
ANN ██████████ OROTHY M	V576-	██████████-6050	W0012999	08/30/88	09/30/88	N	203 2240360053	08/30/88	09/30/88	_____.	___

REPORT: L120
 TIME PERIOD COVERED: January 1, 1987 to the present.
 PRIMARY SORTS: Agency
 SECONDARY: Client name
 COMMENTS: Lists all children in the Substitute Care module who were open on January 1, 1987, and subsequently. This report is used primarily for entering refunds for children who are no longer in substitute care, but refunds are still being received for their care. However, the list can be used for all children currently or once on the module. Provides spaces so that Refund Amount and Refund Source may be reported on these clients. (It is realized that a client may have more than one source of refund. Since the number a client may have is not limited, however, space for only one was left on the report. Others will have to be filled in by reporting the Episode Key at the bottom of the page.)

APPENDIX B

REPORTING UNIT: [REDACTED] CO DSS
 REPORT ID : HSRS-32WV UNITS REPORT - WAIVER CLIENTS
 SEPARATE BY # : 91 [REDACTED] 10
 NAME : [REDACTED]

PAGE: 23
 REPORT MONTH: MAY04

CLIENT NAME	HSRS ID NBR	EPISODE KEY	PRG KEY	SPC	SUB PRG	TG	LTS TYPE	PROGRAM START DT	PROGRAM END DATE	UNITS	COSTS	SPC PROVIDER
NE [REDACTED] T, [REDACTED]	M268-[REDACTED]-0520	X01 [REDACTED] 1	03	604		58	COP	06/02/03	-----	____.____	_____.____	3610010017
			04	604		58	COP-W	06/24/03	-----	____.____	_____.____	
			05	202	01	58	COP	06/24/03	-----	____.____	_____.____	
PA [REDACTED] ON, [REDACTED] Y	B571-[REDACTED]-6130	P00 [REDACTED] 7	01	604		57	COP-W	12/20/96	-----	____.____	_____.____	
			03	104	23	57	COP-W	03/01/97	-----	____.____	_____.____	
			06	112	55	57	COP	05/01/97	-----	____.____	_____.____	
			07	104	23	57	COP	07/01/97	-----	____.____	_____.____	
			09	104	24	57	COP-W	06/01/97	-----	____.____	_____.____	
			10	507	03	57	COP	02/01/98	-----	____.____	_____.____	
			11	112	99	57	COP-W	03/01/98	-----	____.____	_____.____	
			12	095	01	57	COP-W	12/01/02	-----	____.____	_____.____	
			13	112	55	57	COP-W	12/01/03	-----	____.____	_____.____	

REPORT: L130
 TIME PERIOD COVERED: Month previous to month of run.
 PRIMARY SORTS: Agency, worker.
 SECONDARY SORTS: Client name, program key.
 COMMENTS: Lists all programs of waiver clients which were open sometime during the previous month. Provides spaces so that units and costs may be filled in on these programs for keying.

APPENDIX B

L-140

HSRS 32-T UNITS REPORT
SUPPORTED EMPLOYMENT MODULE

PAGE: 1
REPORT MONTH: FEB04

AGENCY: NOR [REDACTED] UNIFIED SERV BD
WORKER:
WORKER NO:

CLIENT NAME	EPISODE	FND	JB	START	T W E Y R M	JOB	JOB	DIRECT	T
CLIENT ID	KEY	AGY	NR	DATE	P K T	END	END	REPORT	HOURS
					E S Y	DATE	RSN	EMPLOYER'S NAME	PERIOD
BU [REDACTED] EL R									
B081-[REDACTED]	-2120	E0003575	3	01 09/01/99	04 1 1			GOO [REDACTED] RIES	
BU [REDACTED] STEN A									
C336-[REDACTED]	-6120	N0003402	3						
CO [REDACTED] J									
M848-[REDACTED]	-5200	M0003401	3	01 07/02/99	06 1 2			LAD [REDACTED] ING HOME	

REPORT: L140
TIME PERIOD COVERED: Supported Employment clients with open episodes or episodes closed during the previous one month long semiannual reporting period.
PRIMARY SORTS: Agency, worker
SECONDARY SORTS: Client name
COMMENTS: Only produced in March, April, September, and October. Used to report data for 1 month long semiannual reporting period.

APPENDIX B

REPORTING UNIT: [REDACTED] DEPT OF SOC SER

PAGE: 1

REPORT ID : L-300 (BDDS) 2003 HRSR LONG TERM SUPPORT SERVICE SUMMARY - EXPENDITURE REPORT

DATE OF RUN: 04/30/04

SEPARATE BY # : 1

NAME : CIP 1A

		³ ++ UNIT AND COST DATA BY CLIENT AND STANDARD PROGRAM ++ ³																
CLIENT NAME	PROG	SPC	SUB	UNIT	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
EPISODE KEY NUM	PROG	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	
BAR [REDACTED] T E		HOSP/INST DAYS	0															
W00 [REDACTED] 8	5	803			0	0	0	0	0	0	0	0	0	0	0	0	0	
WK # 910 [REDACTED] 34		DAYS OF SERVICE			0	0	0	0	0	0	0	0	0	0	0	0	0	
MA # 389 [REDACTED] 7		TOTAL BILLED =	\$0	DAYS OF SERVICE =	0	PER DIEM =	\$0.00	EPD START DT =	102599	EPD END DT =								
DOB=10/12/1944	SLOT NBR =	20200131	SLOT START DT =	991025	SLOT END DT =			LTS TYPE ST =	110100	LTS TYPE END =								

BRO [REDACTED] COT		HOSP/INST DAYS	0														
V00 [REDACTED] 5	9	803			0	0	0	0	0	0	0	0	0	0	0	0	0
WK # 910 [REDACTED] 07		DAYS OF SERVICE			0	0	0	0	0	0	0	0	0	0	0	0	0
MA # 399 [REDACTED] 9		TOTAL BILLED =	\$0	DAYS OF SERVICE =	0	PER DIEM =	\$0.00	EPD START DT =	070797	EPD END DT =							
DOB=10/24/1964	SLOT NBR =	20200077	SLOT START DT =	970707	SLOT END DT =			LTS TYPE ST =	110100	LTS TYPE END =							

BRO [REDACTED] TEV		HOSP/INST DAYS	0														
M0040666 [REDACTED] 8		803			0	0	0	0	0	0	0	0	0	0	0	0	0
WK # 910 [REDACTED] 07		DAYS OF SERVICE			0	0	0	0	0	0	0	0	0	0	0	0	0
MA # 399 [REDACTED] 1		TOTAL BILLED =	\$0	DAYS OF SERVICE =	0	PER DIEM =	\$0.00	EPD START DT =	070797	EPD END DT =							
DOB=12/30/1968	SLOT NBR =	20200076	SLOT START DT =	970707	SLOT END DT =			LTS TYPE ST =	110100	LTS TYPE END =							

REPORT: L300, 300M, 300P
 TIME PERIOD COVERED: L300 current calendar year,
 300M midmonth previous calendar year,
 300P previous calendar year.

PRIMARY SORTS: LTS Code (program type)

SECONDARY SORTS: Client name

COMMENTS: Lists all waiver and COP clients active during a calendar year. Displays monthly costs, days of service, unit cost and per diem costs.

APPENDIX B

REPORTING UNIT: [REDACTED] OF SOC SERV

PAGE: 1

REPORT ID : L-320

2003 HSRS LONG TERM SUPPORT SERVICE SUMMARY - LESS COP ASSESSMENT/PLAN DATE OF RUN: 04/30/04

SEPARATE BY # : 2

NAME : CIP II

			3++ UNIT AND COST DATA BY CLIENT AND STANDARD PROGRAM ++3															
CLIENT NAME	PROG	SPC SUB	UNIT	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
EPISODE KEY	NUM	PROG	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS		
BJE [REDACTED]	DYS E	HOSP/INST	DAYS	55	0	13	31	10	0	0	0	0	0	0	1	0		
N00 [REDACTED]	7	604	66.21	920	139	93	0	0	46	93	86	106	53	172	0	132		
	8	104 20	15.15	30,197	2,293	1,043	0	2,200	2,782	2,952	3,519	3,255	3,141	2,813	3,000	3,200		
	9	402	5.50	1,122	121	55	0	66	116	110	99	116	105	127	94	116		
	13	107 30			0	0	0	0	0	0	0	0	0	0	0	0		
	15	112 55	15.36	154	0	16	0	0	0	7	0	69	27	6	18	10		
	17	112 46		325	50	25	0	50	25	25	25	25	25	25	25	25		
WK # 910 [REDACTED]	00	DAYS OF SERVICE			31	15	0	20	31	30	31	31	30	31	29	31		
MA # 393 [REDACTED]	30	TOTAL BILLED =	\$32,717		DAYS OF SERVICE =	310		PER DIEM =	105.54	EPD START DT =	120798		EPD END DT =					
DOB=05/16/1920										LTS TYPE ST =	090100		LTS TYPE END =					

CIO [REDACTED]	IZ	HOSP/INST	DAYS	0														
B0 [REDACTED]	9	7 604	66.21	2,198	139	152	132	33	245	192	93	179	126	159	358	391		
	8	104 20	14.57	21,014	1,996	1,737	1,748	1,078	1,887	1,836	1,945	1,821	1,923	1,829	1,661	1,552		
	9	402			0	0	0	0	0	0	0	0	0	0	0	0		
	11	112 46		270	23	23	23	23	23	23	23	23	23	23	23	23		
WK # 910 [REDACTED]	00	DAYS OF SERVICE			31	28	31	30	31	30	31	31	30	31	30	31		
MA # 354 [REDACTED]	00	TOTAL BILLED =	\$23,482		DAYS OF SERVICE =	365		PER DIEM =	\$64.33	EPD START DT =	071889		EPD END DT =					
DOB=08/23/1926										LTS TYPE ST =	110198		LTS TYPE END =					

REPORT: L320
 TIME PERIOD COVERED: L320 current calendar year,
 320P previous calendar year.
 PRIMARY SORTS: LTS Code (program type)
 SECONDARY SORTS: Client name
 COMMENTS: This report is identical to the L300 except it excludes COP assessment and plan costs.

APPENDIX B

REPORTING UNIT: DSS
 REPORT ID : L-399 2003 HRSR LONG TERM SUPPORT SERVICE SUMMARY - EXPENDITURE BY SPC
 SEPARATE BY # : 3
 NAME : COP-W

PAGE: 2
 DATE OF RUN: 04/30/04

|++ COST AND SERVICE DATA BY FUND SOURCE ++|																
SPC	SUB	CLIENT	TOTAL	AVE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
PROG	COUNT	COSTS	COST	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS	COSTS
095	01	19	-6,513	\$-342	-540	-643	-700	-890	-736	-604	-604	-367	-367	-333	-333	-396
095	02	1	-362	\$-361	0	-362	0	0	0	0	0	0	0	0	0	0
102		8	22,759	\$2845	1,767	1,537	1,562	1,541	1,611	2,453	2,101	2,039	2,044	2,314	1,699	2,091
103	24	1	649	\$649	0	0	0	0	0	0	649	0	0	0	0	0
104	23	82	270,657	\$3301	24,771	22,041	21,818	22,593	24,165	21,484	20,885	21,878	23,623	24,443	20,768	22,186
107	30	10	6,923	\$692	574	553	609	527	537	635	679	583	629	690	463	444
107	40	2	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0
112	46	56	12,713	\$227	916	891	1,022	1,054	904	1,264	1,027	1,095	1,245	1,080	1,143	1,072
202	02	27	331,902	12293	31,601	31,055	30,192	31,791	31,344	28,861	26,004	24,823	23,542	23,987	25,728	22,976
402		50	42,006	\$840	3,713	3,025	3,286	3,548	3,564	3,389	3,339	3,922	3,562	3,702	3,402	3,553
406		4	435	\$109	50	35	35	35	35	35	35	35	35	35	35	35
503		115	0	\$0	0	0	0	0	0	0	0	0	0	0	0	0
506	61	10	130,322	13032	10,274	8,645	8,640	9,862	9,949	9,769	9,997	10,963	13,212	13,200	13,208	12,603
506	65	34	415,174	12211	28,320	33,084	35,294	33,954	32,134	35,737	34,765	35,059	36,742	36,035	37,087	36,964
507	04	1	200	\$200	0	0	0	0	0	0	0	0	200	0	0	0
604		156	193,924	\$1243	18,131	14,755	15,791	14,078	17,590	18,653	16,781	17,221	17,369	16,591	13,766	13,199
604	04	2	70	\$35	0	70	0	0	0	0	0	0	0	0	0	0
SUM COST COP-W			\$1,515,224		121,528	119,063	120,440	125,487	125,651	133,196	119,645	124,804	129,776	127,757	124,444	143,433

REPORT: L399
 TIME PERIOD COVERED: Current calendar year,
 399P previous calendar year
 PRIMARY SORTS: LTS Code (program type)
 SECONDARY SORTS: SPC/ Subprogram code
 COMMENTS: Summarizes LTS module costs by SPC/subprogram code by month. Also includes service days for all active clients.

APPENDIX B

PW0087TM

UNIFIED SERVICES BOARD

23:54 Saturday, May 29, 2004 9

TABLE 1-HSRS COUNTY SLOT REPORT FOR

2004

SORTED BY SLOT NUMBER

REPORT ID: HSRS-A002 (PW0087TJ)

LTS SLOT				SLOT			
#	CLIENT NAME	HSRS CLIENT #	MODULE	LTS SLOT	CREATION	OCCUPANT	OCCUPANT
			KEY	TYPE	DATE	START DATE	END DATE
20130001	BAK [REDACTED] D	Q5211063605120	L0023401	CIP 1B	07/17/94	07/01/02	
20130002				CIP1B-LM	07/01/95	02/01/04	
20130002	FEL [REDACTED] KI, PE [REDACTED] K	J157 [REDACTED] 2140	X0 [REDACTED] 53	CIP1B-LM	07/01/95	08/01/02	11/30/03
20130003	KLE [REDACTED] AMELA L	A086 [REDACTED] 5240	C0 [REDACTED] 22	CIP 1A	03/01/95	03/01/95	
20130004	MIL [REDACTED] ONALD T	A090 [REDACTED] 5540	I0 [REDACTED] 28	CIP1B-LM	01/01/95	01/01/95	
20130005	FRI [REDACTED], JOYCE	A095 [REDACTED] 0160	T0 [REDACTED] 39	CIP 1B	01/01/95	01/01/95	
20130006	KRU [REDACTED] S [REDACTED] H K	A096 [REDACTED] 6260	Y0 [REDACTED] 44	CIP1B-LM	09/01/95	09/01/95	
20130007	BO [REDACTED] LEN	A105 [REDACTED] 4150	M0 [REDACTED] 58	CIP1B-LM	09/15/95	09/15/95	
20130008	ST [REDACTED] P [REDACTED] A	A127 [REDACTED] 4230	E0 [REDACTED] 02	CIP 1B	05/30/90	05/30/90	
20130009	NE [REDACTED] RWIN R	A191 [REDACTED] 6520	L0 [REDACTED] 87	CIP 1A	10/01/85	10/01/85	
20130010	GAF [REDACTED] H [REDACTED] IS	A231 [REDACTED] 4210	V0 [REDACTED] 49	CIP1B-LM	01/01/95	01/01/95	
20130011	REM [REDACTED] ANIEL J	A260 [REDACTED] 5650	L0 [REDACTED] 91	CIP1B-LM	10/01/95	10/01/95	
20130012	HEL [REDACTED] S [REDACTED] EN	A343 [REDACTED] 3040	B0 [REDACTED] 85	CIP1B-LM	07/01/95	07/01/95	
20130013	NA [REDACTED] RIAN J	A390 [REDACTED] 6520	A0 [REDACTED] 36	CIP 1A	02/09/95	02/09/95	
20130014	KI [REDACTED] M [REDACTED] AEL J	A400 [REDACTED] 2260	L0 [REDACTED] 47	CIP 1B	01/09/94	01/09/94	
20130015	RA [REDACTED] W [REDACTED] IAM	A404 [REDACTED] 4650	T0 [REDACTED] 55	CIP1B-LM	07/16/95	07/16/95	
20130016	YR [REDACTED] SA	A457 [REDACTED] 2060	U0 [REDACTED] 34	CIP1B-LM	07/01/96	07/01/96	
20130017	KUH [REDACTED] MES	A481 [REDACTED] 5240	G0 [REDACTED] 72	CIP 1B	07/20/94	07/20/94	

REPORT:

SORTS:

County Slot Report

Three versions of this report are available:

A002 - Slot number sort

A003 - Client name sort

A004 - Slot type sort

APPENDIX B

COUNTY CODE : 002 [REDACTED] D

PAGE: 1

REPORT ID : HRSR-L016 2004 HRSR COP EXPENDITURE RPT/STATE RATIO-GPR = 0.4013
FEDERAL RATE 0.5987

DATE OF RUN: 05/29/04

CLIENT NAME	HSRS CLT ID	EPISODE KEY	SSN/MA	BIRTH YEAR	CLT CHAR	C	ASSESS. DATE	PLAN DATE	EPD END DATE	CL RE	COP COST	MATCH COST	ASS. COST	PLAN COST	WV **
AND [REDACTED] IL O	H092 [REDACTED]	050 C0087456	393 [REDACTED]	80	1918	ELDE	2	11/25/03	11/25/03		317				3
AND [REDACTED] ISTIN L	P148 [REDACTED]	050 U0043586	387 [REDACTED]	60	1956	.DD.	P	11/30/97	12/01/97			2047			
BER [REDACTED] R, JANE	C426 [REDACTED]	160 O0082814	394 [REDACTED]	90	1921	ELDE	1	02/16/01	02/16/01						
BES [REDACTED] STIANNA A	Y995 [REDACTED]	120 E0121232	394 [REDACTED]	50	1998	.DD.	3	*03/22/04	*03/22/04				147	184	
BU [REDACTED] ORENCE	X376 [REDACTED]	120 Q0120568	391 [REDACTED]	2	1926	ELDE	1	*02/09/04	*02/09/04				147	184	
BU [REDACTED] UL	U803 [REDACTED]	120 R0120569	393 [REDACTED]	4	1917	ELDE	2	*02/09/04	*02/09/04				147	184	
CAR [REDACTED] NDA J	R148 [REDACTED]	260 E0121830	392 [REDACTED]	00	1959	PHDI	1	*04/19/04	*04/19/04				147	184	
ERI [REDACTED] ENDA	K508 [REDACTED]	060 P0052057	393 [REDACTED]	20	1946	.DD.	3	05/05/98	05/05/98		557				3
FLE [REDACTED] AVIS	Z312 [REDACTED]	140 J0048593	390 [REDACTED]	40	1978	.DD.	N					4332			
GAR [REDACTED] Y F	A995 [REDACTED]	260 B0120839	399 [REDACTED]	70	1986	.MI.	5	*03/01/04	*03/01/04				147	184	
GRA [REDACTED]	W131 [REDACTED]	260 Q0060170	388 [REDACTED]	40	1979	.DD.	P					1846			
INN [REDACTED] R J	T661 [REDACTED]	050 M0027822	387 [REDACTED]	60	1924	ELDE	2	05/01/93	05/01/93		205				3
JAR [REDACTED] NDA	P476 [REDACTED]	260 Q0120724	391 [REDACTED]	20	1983	.DD.	3	*02/09/04	*02/09/04				147	184	
KUR [REDACTED] K R	D074 [REDACTED]	260 S0004350	387 [REDACTED]	8	1964	.MI.	5	11/10/94	11/10/94		1504				
MAE [REDACTED] OTHY J	M447 [REDACTED]	510 H0087903	479 [REDACTED]	60	1936	ELDE	1	08/22/03	08/22/03						
MAR [REDACTED] PH A	A964 [REDACTED]	560 W0094184	393 [REDACTED]	20	1937	PHDI	1	03/06/02	03/06/02		111				2
MAS [REDACTED] ON J	W821 [REDACTED]	520 I0122510	393 [REDACTED]	40	1988	PHDI	1	*05/06/04	*05/06/04				147	184	
MCC [REDACTED] NCES L	V346 [REDACTED]	520 Z0078613	388 [REDACTED]	5	1947	PHDI	B	*01/06/04	*01/06/04			5881			
MEE [REDACTED] N S	G978 [REDACTED]	500 I0037308	281 [REDACTED]	0	1950	.DD.	P	12/01/96	05/01/97			7813			

* INDICATES A DATE WITHIN THE REPORT PERIOD

** INDICATES BOTH COP AND WAIVER PARTICIPANT

REPORT: L016, 016M, 016P
 TIME PERIOD COVERED: L016 Current month
 016M Midmonth
 016P Previous calendar year

PRIMARY SORTS: County, client name
 SECONDARY SORTS: None

COMMENTS: This report provides a detailed listing of COP clients having any activity (assessment, plan, or service) during the year.

B69

JANUARY 2003

APPENDIX B

.&FORMAT █████ CO HUMAN SERV DEPT L04A 401200 PRINTS:1 FICHE: 0
 COUNTY CODE : █████
 REPORT ID : HSRS-L04A (PW0085WM) LTS-COP SIGNIFICANT PROPORTION REPORT

DATE OF RUN: 05/29/04
 REPORT PERIOD: 01/01/04 - 12/31/04

CLTCHAR	COP	COPW	CIP1B	CSLA	TOTAL	RATIO

3	NOT ADJUSTED					3

.MI.	4	0	0	0	4	5.7%
PHDI	8	10	0	0	18	25.7%
.DD.	2	0	11	0	13	18.6%
OTH.	0	1	0	0	1	1.4%
ELDE	0	34	0	0	34	48.6%

3	ELDERLY ADJUSTED					3

OTH.	0	2	0	0	2	2.9%
.MI.	4	0	0	0	4	5.7%
PHDI	7	7	0	0	14	20.0%
.DD.	1	0	9	0	10	14.3%
ELDE	2	36	2	0	40	57.1%

TOTAL	14	45	11	0	70	100.0%

** TABLE INCLUDES ONLY CASES WITH REPORTED COSTS

*** END OF REPORT L04A (PW0085WM)

REPORT: L04A
 TIME PERIOD COVERED: Monthly
 PRIMARY SORTS: County, First Client Characteristic
 SECONDARY SORTS: None
 COMMENTS: This report categorizes clients according to the First Client Characteristic to aid in monitoring the significant proportion constraint.

APPENDIX B

X. FSP REPORTS

FSP001 FSP ACTIVITY REPORT - Run monthly.

Detailed listing of FSP clients active at any time during the current year.

Sorted by client name.

Information listed:

Name	Family ID
Client Number	Number of Caregivers
SSN	Adopted Child Indicator
Birthdate	Parents Special Needs
Sex	Family Income Range
Race	
Episode Start Date	Payment Method
Episode End Date	Episode Code
Closing Reason	Next Review Date
Client Characteristics	Target Group
Personal Care Code	
Verbal Skills Code	
Emotional / Behavioral Code	
Mobility Code	
Cognitive Abilities Code	
Medical Needs Codes	

For each service the following information is listed:

Program Number	Service Start Date
Subprogram Code	Service End Date
Estimated Annual Cost	Provider
Actual Costs (Monthly or Annual)	

FSP005 FSP SERVICE CLIENTS EXPENDITURE ENTRY LIST - Run annually.

Used to enter annual FSP expenditures, and to enter the two annual questions: Has family considered out of home placement? Is family in a crisis situation?

APPENDIX B

REPORTING UNIT: [REDACTED]

REPORT ID: HSR5-F001 (PW0088BJ)

[REDACTED] CO DCP

FSP SERVICE CLIENT EXPENDITURES REPORT

REPORTING PERIOD: 01/01/04 - 05/31/04

PAGE: 1

RUNDATE: 05/29/04

SEQNO: 1

CLIENT NAME				CLIENT #		MA #		BIRTH		S E		START		END		CL A		CLIENT P M V C E		MED		FAMILY		C A PAR I CST PAY											
								DATE		E T		DATE		DATE		RS L		CHAR		E O E O M		ID		A D NDS N SHAR MET											
EPISODE NXT RV TG				CSTS: EST		JAN		FEB		MAR		APR		MAY		JUN		JUL		AUG		SEP		OCT		NOV		DEC YRLY		SRV ST		SRV END		PROV	
ACK				ON J		C663		6020	395		40	911006	M W	990105				2309		2	2	3	3	1	7					2	N		4	0	
		T00			0																														
>AC				DON J		W663		06020	395		40	911006	M W	990105				23		2	2	2	2	3						2	N		3	0	
		I00			3																														
						01																													
BAK				L		P985		04120	394		50	980309	F W	991201				8528		2	3	2	2	2	279					2	N		3	0	
		J00			2																														
						01																													
						01																													
						07																													
BEA				TA L		R868		02120	482		50	921008	F W	011214				2309		2	2	3	2	3	8					2	N		5	0	
		U00			1																														
						01																													
						01																													
						02																													
COU				LY M		K909		44250	388		90	981109	F W	020801			00	230885		2	3	2	2	2	2790					1	N		1	0	
		F00			4																														
						01																													
						01																													
						02																													
						03																													
						04																													
FUL						B145		05140	390		80	840201	F W	000817				23		2	3	3	3	3						1	N	4		1	0
		L00			4																														
						01																													
						01																													
						01																													

REPORT:

F001

APPENDIX B

REPORTING UNIT: [REDACTED] UNIFIED SERV BD
 REPORT ID: HSRF-F005 FSP SERVICE CLIENT EXPENDITURES ENTRY
 REPORTING PERIOD: 01/01/03 - 12/31/03

PAGE: 0020
 RUNDATE: 02/29/04

CLIENT NAME	CLIENT #	BIRTH DATE	EPISODE	PGM NO	SUB PGM	YR COSTS ON HSRS	COST CODE A/S/R	YR COSTS TO BE ENTERED	CONSIDERED OUT/HOME?	CRISIS SITUATN?
/-----\	/-----\	/-----\	/-----\	/--\	/-\	/-----\	/-----\	/-----\	/---\	/---\
				10	J					
				02	K					
				03	L					
				04	M					
SE [REDACTED], JE [REDACTED] R	P242 [REDACTED] 56260	07/02/1993	J0007752	02	G					
				01	J					
				03	L					
SE [REDACTED] LL, [REDACTED] N Q	R910 [REDACTED] 46230	01/19/1996	L0010614	03	G					
				01	J					
				02	L					
ST [REDACTED], SH [REDACTED]	Z073 [REDACTED] 25230	10/10/1993	M0011265	01	G					
				02	L					
ST [REDACTED], S [REDACTED]	B073 [REDACTED] 25231	10/10/1993	L0011264	01	G					
				02	L					
ST [REDACTED] S, [REDACTED] ICA E	X455 [REDACTED] 50230	02/14/1996	Z0011226	01	G					
				02	K					
				03	L					
ST [REDACTED] RL, [REDACTED] L	T586 [REDACTED] 65230	05/25/1984	H0003928	04	B					
				01	D					
				05	E					
				02	F					

REPORT: F005

APPENDIX B

TOTAL AODA SERVICE ACTIVITY, May, 2004
 REPORT ID: HSRS-6110 (PW0087KJ)
 REPORTING UNIT [REDACTED]

	OPEN	YTD-NEW	YTD-CLOSED	OPEN 04/30/04	NEW May	CLOSED May	OPEN 05/28/04
COUNT	COUNT	COUNT	COUNT	COUNT	COUNT	COUNT	COUNT
PROVIDER							
NAME OR							
NUMBER							
FAHRMAN							
CENTER	1	0	0	1	0	0	1
JACOBSEN							
CBRF							
MELODEE JA	1	0	0	1	0	0	1
NORTHWEST							
ASSESSMENT							
CENTER							
EVAL ONLY	1	0	0	1	0	0	1

REPORT: 6110
 PERIOD COVERED: Prior month (appears in report title) with year to date.
 PRIMARY SORTS: Agency.
 SECONDARY SORTS: Provider.
 COMMENTS: Provides year to date and prior month service activity for each provider providing service to clients of that agency.
 By column:
 A. Open - the number of cases open at the time at beginning of the year;
 B. YTD New - cases open year to date during the year;
 C. YTD Closed - cases closed year to date;
 D. Open (date) - cases open at the beginning of the month;
 E. New (month) - new cases during the month;
 F. Closed (month) - cases closed during the month;
 G. Open (date) - cases open at the end of the report period.
 Column G is the final figure for the month and YTD.
 To calculate by column:
 A + B - C = G
 D + E - F = G
 XII - B74

JANUARY 2001

APPENDIX B

REPORT: A-031A (NO INTOX. DRIVER) OPEN AODA SPC'S (STARTDATE PRIOR TO 12/01/03) REPORT MONTH: May, 2004
 AGENCY: HUMAN SERV BD OF [REDACTED] NO UNITS REPORTED FOR LAST 6 MONTHS
 NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

FACILITY: PAGE: 2
 WORKER:

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE
 IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
BLE [REDACTED] PH M	R843-[REDACTED]-1140	S3342812	08/26/03	- -	603	08/26/03	01		
BOU [REDACTED] N T	M950-[REDACTED]-3130	W3286968	04/14/03	- -	507 30	04/14/03	01		
					603	04/14/03	02		
					507 10	04/14/03	03		
BOY [REDACTED] SSA M	S119-[REDACTED]-4120	R3361557	11/21/03	- -	507 10	11/21/03	01		
BRA [REDACTED] G	B943-[REDACTED]-5160	A3327272	07/02/03	- -	603	07/02/03	02		
BRE [REDACTED] A	S433-[REDACTED]-6160	A3233516	12/03/02	- -	507 10	12/03/02	01		
					603	12/03/02	02		
					704 10	02/11/03	03		
BRO [REDACTED] L	U012-[REDACTED]-6160	A3208114	10/15/02	- -	507 10	10/15/02	02		
BRO [REDACTED] L R	U573-[REDACTED]-2160	G3191142	06/10/02	- -	507 10	06/10/02	01		
					603	06/10/02	02		
					507 30	06/10/02	03		
BU [REDACTED] NDIS E	C039-[REDACTED]-6120	T3251553	01/21/03	- -	603	01/21/03	01		
BUR [REDACTED] NDIS R	W790-[REDACTED]-5160	Z2786497	09/16/99	31 [REDACTED] 73	603	09/16/99	01		
					503 10	01/06/00	02		
					507 10	06/19/03	02		
					507 30	06/19/03	03		
CAR [REDACTED] O M	V557-[REDACTED]-0260	U3208992	10/16/02	- -	603	10/16/02	01		
					507 10	10/16/02	02		
					507 30	10/16/02	03		
CAR [REDACTED] AM L	F254-[REDACTED]-4260	L3318313	06/10/03	37 [REDACTED] 76	603	06/10/03	01		
					507 10	06/10/03	02		

REPORT: A031A
 TIME PERIOD COVERED: Prior month (printed at top right of report).
 PRIMARY SORTS: Agency, worker ID.
 SECONDARY SORTS: Client name, Client number.
 COMMENTS: Provides list of clients to workers where no units have been reported for 6 months. Since reporting of units is required monthly or quarterly this alerts a worker that either units should be entered or the service should be closed.

APPENDIX B

REPORT: A-031B (ONLY INTOX. DRIVERS) OPEN AODA SPC'S (STARTDATE PRIOR TO 06/01/03)
 AGENCY: [REDACTED] UNIFIED SERV BD

REPORT MONTH: May, 2004

NO UNITS REPORTED FOR LAST 12 MONTHS
 NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

FACILITY: WORKER: PAGE: 1

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE
 IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
AND [REDACTED] N E	H362-[REDACTED]-5050	Q2800606	10/14/99	- -	507 10	11/11/99	02		
BEN [REDACTED] NADETT L	L338-[REDACTED]-6150	T2800609	10/14/99	47 [REDACTED] 167	507 10	10/14/99	02		
BER [REDACTED] M	B381-[REDACTED]-3160	T2810047	12/01/99	- -	507 10	12/15/99	02		
DEX [REDACTED] M	Y407-[REDACTED]-2320	P2795561	10/28/99	38 [REDACTED] 820	507 00	11/22/99	03		
DUR [REDACTED] LIE K	B878-[REDACTED]-2360	D2453883	05/22/97	- -	507 10	11/09/99	06		
DUR [REDACTED] HAE L R	M441-[REDACTED]-2360	Q2743042	06/25/99	46 [REDACTED] 257	507 10	11/09/99	04		
LEE [REDACTED] J	C512-[REDACTED]-5400	X2653089	11/10/98	51 [REDACTED] 660	507 10	12/04/98	02		
MAD [REDACTED] A	Y923-[REDACTED]-6530	D2795549	10/28/99	- -	507 00	11/11/99	03		
MAR [REDACTED] J	S362-[REDACTED]-1560	T2787271	10/15/99	- -	507 10	11/08/99	03		
NIC [REDACTED] ONEWALL J	N363-[REDACTED]-3520	H2813467	12/02/99	39 [REDACTED] 394	507 10	12/08/99	02		
NOR [REDACTED] BERT M	C902-[REDACTED]-1560	H2800649	10/14/99	46 [REDACTED] 390	507 10	11/01/99	02		
PEE [REDACTED]	Z433-[REDACTED]-4130	W2686316	02/18/99	39 [REDACTED] 579	507 10	02/18/99	01		
REI [REDACTED] RT J	S940-[REDACTED]-4620	O2795534	10/28/99	52 [REDACTED] 145	507 00	12/06/99	03		
SHA [REDACTED]	G652-[REDACTED]-5230	J2556745	02/05/98	39 [REDACTED] 041	507 10	04/30/98	02		
STO [REDACTED] AC	M320-[REDACTED]-2230	I2810894	10/29/99	- -	507 10	11/15/99	02		

REPORT: A031B

APPENDIX B

REPORT: A-031C
 AGENCY: ██████████ CO HSD

OPEN AODA SPC'S (STARTDATE PRIOR TO 03/01/04)
 NO UNITS REPORTED FOR LAST 3 MONTHS
 NO OTHER SPC WAS ACTIVE DURING THE SAME PERIOD

REPORT MONTH: May, 2004

FACILITY: WORKER: PAGE: 1

ACTION: IF NO LONGER ACTIVE, ENTER UNITS,IF ANY,THEN CLOSE
 IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
ABB ██████████ LAS J	T750-████████-2010	I3362796	02/02/04	39 ██████████ 962	507 10	02/02/04	02		
AND ██████████ ONY B	K373-████████-5050	B3358369	10/29/03	55 ██████████ 600	507 10	11/03/03	02		
BAR ██████████ N C	P362-████████-5160	V3351993	12/17/03	38 ██████████ 628	603	02/14/04	08		
					506 20	02/20/04	07		
BEH ██████████ D	C840-████████-3150	F3210225	08/24/02	52 ██████████ 172	603	12/03/02	06		
					507 10	11/25/03	10		
					703 20	12/20/03	13		
BEH ██████████	A845-████████-5150	N3207295	01/01/02	44 ██████████ 567	507 10	10/03/02	06		
BEL ██████████ J	K402-████████-3140	P3351987	12/18/03	39 ██████████ 765	603	12/18/03	01		
					507 10	12/18/03	03		
					507 30	12/18/03	04		
					507 30	01/07/04	05		
BRO ██████████ S S	B704-████████-5160	O3362802	02/13/04	39 ██████████ 356	507 05	02/19/04	02		
BUN ██████████	E800-████████-6150	O3351960	12/22/03	39 ██████████ 119	603	12/29/03	03		
BUS ██████████ A	F848-████████-3120	K3312592	08/12/03	39 ██████████ 446	507 10	11/06/03	03		
CL ██████████ ARON	K883-████████-6240	R3358385	01/06/04	39 ██████████ 074	507 10	01/06/04	02		
					507 30	01/06/04	03		
					507 30	01/14/04	05		
CO ██████████ M D	O140-████████-3240	Y3310786	05/06/03	39 ██████████ 723	507 30	10/28/03	05		
					507 10	01/01/04	06		
					507 30	01/08/04	08		
CU ██████████ L	B426-████████-5260	K3362824	02/08/04	39 ██████████ 646	703 10	02/08/04	01		

REPORT: A031C

APPENDIX B

REPORTING UNIT:
REPORT: A-032 (PW0087LJ)
SPC PROVIDER:
WORKER NO: 9221

CO DCP
HSRS 32-T AODA UNITS REPORT

PAGE: 5
REPORT MONTH: May , 2004

CLIENT NAME	CLIENT NUMBER	SPC	SB	TG	SPC	EPISODE	PGM	DA	OTHER	SPC	END	CL	ST	WORKERID	FAM ID
					STRT DATE	KEY	KEY	YS	UNITS	END DATE	REA	A	F	E	
COR	LVIN E	F473-	-4260	507	10	18	03/19/04	K3384534	01	—	—	—	—	9200100321	
DRU	K F	F352-	-3360	507	10	18	11/06/03	B3340299	01	—	—	—	—	9200100321	
DUM	EN M	I129-	-3350	507	10	18	06/13/03	E3286794	01	—	—	—	—	9200100321	
EGE	D	P733-	-6020	507	10	18	01/22/03	G3227646	01	—	—	—	—	9200100321	
ENN	A	F092-	-1050	507	10	18	03/01/03	V3258887	01	—	—	—	—	9200100321	
FEN	SEPH F	Y914-	-1150	507	10	18	11/04/03	W3334964	01	—	—	—	—	9200100321	
FER	L D	O523-	-2160	507	10	18	02/19/04	L3374733	01	—	—	—	—	9200100321	
FIS	PH E	N190-	-1120	507	10	18	08/14/03	Q3307320	01	—	—	—	—	9200100321	
FOS	L	P881-	-0120	507	10	18	12/09/03	Y3381532	01	—	—	—	—	9200100321	
GIL	H C	Y964-	-5240	507	10	18	04/22/04	E3390638	01	—	—	—	—	9200100321	
GOL	RSULA	L728-	-6240	507	10	18	09/12/03	F3286795	02	—	—	—	—	9200100321	
GRE	, ANDREA M	O285-	-5260	507	10	18	05/14/04	T3396191	01	—	—	—	—	9200100321	
GRI	THAN R	I400-	-5260	507	10	18	10/03/03	Z3328415	01	—	—	—	—	9200100321	
HIN	J	D282-	-6050	507	10	18	01/20/04	M3352920	01	—	—	—	—	9200100321	
HOU	L	X590-	-6020	507	10	18	09/18/03	G3321584	01	—	—	—	—	9200100321	
KER	S	H090-	-1260	507	10	18	04/06/04	J3387393	01	—	—	—	—	9200100321	
KLE	TH D	Y940-	-5240	507	10	18	11/04/03	B3334969	01	—	—	—	—	9200100321	

REPORT: A032
TIME PERIOD COVERED: Prior month (printed at top right of report).
PRIMARY SORTS: Agency, provider
SECONDARY SORTS: Client name, client number, episode key.
COMMENTS: Lists all AODA SPCs which were open at any time during the report month. This report is sent to providers and used as a turnaround document for reporting units of service. It can be used for reporting SPC end reason, closing statuses, and SPC end date. It can also be used as a data entry document for entering unit and SPC closure information.

APPENDIX B

REPORT: A-133
 AGENCY: [REDACTED] E CO DCP
 FACILITY:
 WORKER:

CLOSED AODA SPC'S
 WITH NO UNITS REPORTED FOR003/04

REPORT MONTH: May 2004

PAGE: 4

ACTION: IF SERVICES WERE PROVIDED, PLEASE ENTER UNITS
 IF NO SERVICES WERE PROVIDED, DELETE SPC

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
HOW [REDACTED] NNE	K708-[REDACTED]-2040	W3301112	05/13/03	33-[REDACTED]-17	507 10	05/19/03	03	06/04/03	
IVA [REDACTED] W M	Y062-[REDACTED]-3010	X3271473	01/28/03	- -	603	07/31/03	10	07/31/03	
JAM [REDACTED] ICE	Q920-[REDACTED]-6250	D3301327	05/13/03	- -	507 10	06/03/03	03	06/09/03	
JOH [REDACTED] V	Q642-[REDACTED]-4250	K3168552	06/26/02	- -	507 10	09/08/03	08	01/06/04	
JOH [REDACTED] ONY L	H483-[REDACTED]-5250	P3332799	07/24/03	- -	507 10	09/08/03	03	12/31/03	
JOH [REDACTED] ESA A	L859-[REDACTED]-6250	I3034806	10/06/00	39-[REDACTED]-18	706	05/01/03	18	06/10/03	
JON [REDACTED] RIAN L	X733-[REDACTED]-2250	O3301572	04/14/98	- -	507 10	06/16/03	03	07/17/03	
KAM [REDACTED] LY A	R659-[REDACTED]-5250	E3301354	04/18/03	- -	603	05/21/03	02	05/21/03	
KEN [REDACTED] MES R	M360-[REDACTED]-5250	A3301168	05/14/03	39-[REDACTED]-39	507 10	05/20/03	03	06/10/03	
KUL [REDACTED] RA A	L895-[REDACTED]-1240	K3034808	12/27/00	39-[REDACTED]-87	506	04/24/03	19	04/30/03	
LAS [REDACTED] IAH	D471-[REDACTED]-2420	Q3300638	05/15/03	- -	507 10	06/02/03	03	06/10/03	
LAW [REDACTED] RICIA R	T595-[REDACTED]-3250	X3202079	09/11/02	39-[REDACTED]-49	603	05/22/03	08	05/22/03	
LEA [REDACTED] NGELA M	X659-[REDACTED]-5430								

REPORT: A132
 TIME PERIOD COVERED: Prior month (printed at top right of report).
 PRIMARY SORTS: Agency
 SECONDARY SORTS: Client name, client number, episode key.
 COMMENTS: Lists all AODA SPCs which were open at any time during the report month. This report is similar to the AODA-32T. Where the AODA-32T is normally used as a turnaround document for providers to report units, the AODA-32T(A) is used by agencies who do not use the AODA-32T but still wish to compare their internal system with the HSRS system.

APPENDIX B

REPORT: A-133
 AGENCY: [REDACTED] E CO DCP
 FACILITY:
 WORKER:

CLOSED AODA SPC'S
 WITH NO UNITS REPORTED FOR003/04

REPORT MONTH: May 2004

PAGE: 4

ACTION: IF SERVICES WERE PROVIDED, PLEASE ENTER UNITS
 IF NO SERVICES WERE PROVIDED, DELETE SPC

CLIENT NAME	CLIENT NUMBER	EPIS NUM	EP ST DT	SOC-SEC-NUM	SPC/SUB	START DATE	PG#	END DATE	FAM ID
HOW [REDACTED] NNE	K708-[REDACTED]-2040	W3301112	05/13/03	33-[REDACTED]-17	507 10	05/19/03	03	06/04/03	
IVA [REDACTED] W M	Y062-[REDACTED]-3010	X3271473	01/28/03	- -	603	07/31/03	10	07/31/03	
JAM [REDACTED] ICE	Q920-[REDACTED]-6250	D3301327	05/13/03	- -	507 10	06/03/03	03	06/09/03	
JOH [REDACTED] V	Q642-[REDACTED]-4250	K3168552	06/26/02	- -	507 10	09/08/03	08	01/06/04	
JOH [REDACTED] ONY L	H483-[REDACTED]-5250	P3332799	07/24/03	- -	507 10	09/08/03	03	12/31/03	
JOH [REDACTED] ESA A	L859-[REDACTED]-6250	I3034806	10/06/00	39-[REDACTED]-18	706	05/01/03	18	06/10/03	
JON [REDACTED] RIAN L	X733-[REDACTED]-2250	O3301572	04/14/98	- -	507 10	06/16/03	03	07/17/03	
KAM [REDACTED] LY A	R659-[REDACTED]-5250	E3301354	04/18/03	- -	603	05/21/03	02	05/21/03	
KEN [REDACTED] MES R	M360-[REDACTED]-5250	A3301168	05/14/03	39-[REDACTED]-39	507 10	05/20/03	03	06/10/03	
KUL [REDACTED] RA A	L895-[REDACTED]-1240	K3034808	12/27/00	39-[REDACTED]-87	506	04/24/03	19	04/30/03	
LAS [REDACTED] IAH	D471-[REDACTED]-2420	Q3300638	05/15/03	- -	507 10	06/02/03	03	06/10/03	
LAW [REDACTED] RICIA R	T595-[REDACTED]-3250	X3202079	09/11/02	39-[REDACTED]-49	603	05/22/03	08	05/22/03	
LEA [REDACTED] NGELA M	X659-[REDACTED]-5430								

REPORT: A133
 TIME PERIOD COVERED: Prior month (printed at top right of report).
 PRIMARY SORTS: Agency, worker ID
 SECONDARY SORTS: Client name, client number, episode key.
 COMMENTS: Provides a listing to workers of clients in closed services where no service units have been reported. Workers are directed to either enter units or delete the SPC, if no service was ever provided.

APPENDIX B

REPORT: A-700
 AGENCY: [REDACTED] CO DCP
 SPC PROVIDER: [REDACTED]
 WORKER NO: 9200100320

HSRS L700A AODA UNITS REPORT

REPORT YEAR: CY 2004
 REPORTED AS OF: 29MAY2004

PAGE: 1

CLIENT NAME	CLIENT NUMBER	EPIS KEY ³	MONTHLY UNITS												YTD		
SPC/SUB	START DATE/PG#/END DATE	FAM ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	UNITS		
ADA [REDACTED] PH T	I073-[REDACTED]-1030	R3363429															
603	01/20/04 01 01/27/04		2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00		
BEE [REDACTED]	L729-[REDACTED]-5150	F3384529															
603	03/31/04 01 03/31/04		0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
BIN [REDACTED] Y C	M200-[REDACTED]-6150	T3379473															
603	03/11/04 01 03/11/04		0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
BRA [REDACTED] ISTINE A	A927-[REDACTED]-6160	M3302558															
507 10	09/24/03 02 --/--/--		1.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00		
BRA [REDACTED] G, CHARLES	ERNR424-[REDACTED]-6160	U3396322															
603	05/19/04 01 05/19/04		0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
CAR [REDACTED] HAEEL J	L964-[REDACTED]-2260	Q3390624															
603	04/28/04 01 04/28/04		0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
CON [REDACTED] ONALD L	W722-[REDACTED]-5250	Q3334958															
507 10	11/04/03 01 --/--/--		1.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00		
DAM [REDACTED] ISTINA	M115-[REDACTED]-6350	M3384536															
603	03/31/04 01 03/31/04		0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
DAV [REDACTED] E A	E940-[REDACTED]-5310	V3379475															
603	01/12/04 01 01/12/04		1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00		
DAV [REDACTED] E A	E940-[REDACTED]-5310	W3379476															
507 10	03/08/04 01 --/--/--		0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00		

REPORT: A700
 TIME PERIOD COVERED: All services which were open at any time during a calendar year (printed at top right of report). The list includes units reported up through the end of the prior month.
 PRIMARY SORTS: Agency, provider number
 SECONDARY SORTS: Client name, client number, episode key.
 COMMENTS: Provides a history of units reported, by month, for all services (requiring unit reporting) provided during the calendar year (year is printed at the top right of the report). This report is printed and distributed quarterly but is available monthly if needed.

APPENDIX B

REPORT: A-700

HSRS L700A AODA UNITS REPORT

REPORT YEAR: CY 2004

AGENCY: [REDACTED] CO DEPT OF HUMAN SERV

REPORTED AS OF: 28MAY2004

SPC PROVIDER: GENERIC CCDHS

PAGE: 11

WORKER NO: 9400800000

CLIENT NAME	CLIENT NUMBER	EPIS KEY ³	MONTHLY UNITS												YTD		
SPC/SUB	START DATE/PG#/END DATE	FAM ID	³ JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	³ UNITS		
ADA [REDACTED] N C	O812-[REDACTED]-5030	U3188790															
603.00	09/16/02 01 --/--/--																0.00
AND [REDACTED] AMES	M690-[REDACTED]-5050	D3314639															
603.00	08/22/03 01 03/13/04																0.00
AND [REDACTED] IANE L	C015-[REDACTED]-5050	A3359642															
603.00	02/10/04 01 04/17/04		0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			1.50
AUL [REDACTED] A	J421-[REDACTED]-5040	T3386701															
603.00	04/14/04 01 --/--/--		0.00	0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			1.50
BAL [REDACTED] A	G073-[REDACTED]-2140	L3291897															
603.00	07/10/03 01 01/09/04																0.00
BAR [REDACTED] DAVID A	E462-[REDACTED]-1160	T3377237															
603.00	03/03/04 01 --/--/--		0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			2.00
BAR [REDACTED] VID J	G601-[REDACTED]-1160	T3371751															
603.00	02/18/04 01 --/--/--		0.00	1.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			1.60
BAR [REDACTED] NDREA G	N268-[REDACTED]-5160	I3326032															
603.00	10/14/03 01 --/--/--																0.00
BAR [REDACTED] JOSEPH J	J820-[REDACTED]-1160	R3284805															
603.00	03/23/04 01 --/--/--		0.00	0.00	1.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			1.50
BAR [REDACTED] NIEL W	W292-[REDACTED]-5160	N3291899															
603.00	04/24/03 01 --/--/--																0.00

REPORT:

A700(A)

TIME PERIOD COVERED:

All services which were open at any time during a calendar year(printed at top right of report). The list includes units reported up through the end of the prior month.

PRIMARY SORTS:

Agency

SECONDARY SORTS:

Client name, client number, episode key.

COMMENTS:

Provides a history of units reported, by month, for all services (requiring unit reporting) provided during the calendar year (year is printed at the top right of the report). This report is printed and distributed quarterly but is available monthly if needed. This report differs from the AODA700 in that it is not sorted by provider number.

APPENDIX B

SUPPORTED-EMPLOYMENT CLIENTS

STATE TOTALS
YEAR-TO-DATE 2004
The FREQ Procedure
GENDER

CLTSEXCD	Frequency	Percent	Cumulative Frequency	Cumulative Percent
FEMALE	962	43.59	962	43.59
MALE	1245	56.41	2207	100.00

CLIENT DEMOGRAPHICS - ETHNIC

Cumulative RACECODE	Frequency	Percent	Cumulative Frequency	Percent
--				
A	16	0.72	16	0.72
B	9	0.41	25	1.13
AMERICAN INDIAN	27	1.22	52	2.36
P	1	0.05	53	2.40
WHITE	2154	97.60	2207	100.00

AGE	Frequency	Percent	Cumulative Frequency	Cumulative Percent
LESS THAN 18	2	0.09	2	0.09
18-20	13	0.59	15	0.68
21-30	560	25.37	575	26.05
31-40	597	27.05	1172	53.10
41-50	600	27.19	1772	80.29
51-60	313	14.18	2085	94.47
61-64	63	2.85	2148	97.33
65 AND OLDER	59	2.67	2207	100.00

REPORT:
TIME PERIOD COVERED:
PRIMARY SORT:
SECONDARY SORT:

COMMENTS: SE Frequency Distribution
Current calendar year
Alphabetic or numeric by code
None
Frequency distributions of Supported Employment registration data elements for the current calendar year. Each reporting unit gets their own data with a statewide total report generated for the Bureau of Developmental Disability Services. Only produced in March, April, September and October.

SUPPORTED-EMPLOYMENT CLIENTS
STATE TOTALS
YEAR-TO-DATE 2004
The FREQ Procedure
FIRST CLIENT CHARACTERISTIC

CLTCHAR1	Frequency	Percent	Cumulative Frequency	Cumulative Percent
DEVELOP DISABLED	160	7.25	160	7.25
MENTALLY ILL	18	0.82	178	8.07
CHRONIC MENT ILL	206	9.33	384	17.40
ALCOHOL ABUSER	268	12.14	652	29.54
DRUG ABUSER	37	1.68	689	31.22
BLIND/ VISUAL	5	0.23	694	31.45
HEARING IMPAIRED	6	0.27	700	31.72
PHYSICALDISABLED	6	0.27	706	31.99
CHRONIC ALCOHOL	34	1.54	740	33.53
ALC/DRUG ABUSER	5	0.23	745	33.76
INTOX DRIVER	6	0.27	751	34.03
DD-BRAIN TRAUMA	4	0.18	755	34.21
ALLEGED DLNQT	53	2.40	808	36.61
DD-CEREBRL PALSY	1	0.05	809	36.66
DD-AUTISM	54	2.45	863	39.10
DD-MENTL RETARD	21	0.95	884	40.05
DD-EPILEPSY	963	43.63	1847	83.69
DD-OTHER	40	1.81	1887	85.50
29	167	7.57	2054	93.07
CORRECTION'S CLT	1	0.05	2055	93.11
35	1	0.05	2056	93.16
HDCP: OTHER	11	0.50	2067	93.66
37	29	1.31	2096	94.97
38	1	0.05	2097	95.02
REG CAREGIVER	1	0.05	2098	95.06
	1	0.05	2099	95.11

APPENDIX B

REPORTING UNIT: [REDACTED] CO DEPT OF HUMAN SER PAGE: 49
 REPORT ID : HSRS-9321 (PW0085AJ) HSRS 32-T MH UNITS REPORT LAST DAY OF REPORT MONTH: 05/31/2004

REQUIRED UNITS ONLY

CLIENT NAME	CLIENT NUMBER	SPC	SUB	SPC	SPC	EPISODE	PGM	DAYS	OTHER	SPC	END	WORKERID
			PGM	STRT DATE	PROVIDER	KEY	KEY		UNITS	END DATE	REA	
MIL [REDACTED] D H	Y402-[REDACTED]-6540	507	10	10/06/1986	9402800247	P0010508	01	—	—	—	00	9402800261
		604		07/02/1987	9402800247	P0010508	02	—	—	—	00	9402800261
		108		07/01/1995	753900000	P0010508	03	—	—	—	00	9402800261
		507	20	03/01/1997	9402800247	P0010508	05	—	—	—	—	9402800261
		509		12/30/1997	9402800247	P0010508	06	—	—	—	—	9402800261
MOH [REDACTED] M	S029-[REDACTED]-5560	507	20	11/15/2003	9402800245	A0267139	01	—	—	—	—	9402800245
		604		11/15/2003	9402800245	A0267139	02	—	—	—	—	9402800245
		507		11/15/2003	9402800245	A0267139	03	—	—	—	—	9402800245
MOO [REDACTED] M U	L741-[REDACTED]-4560	604		06/01/1997	9402800019	R0004946	02	—	—	—	—	9402800019
MOR [REDACTED] ARD P	Z464-[REDACTED]-2560	507		02/24/1993	9402800115	C0022455	01	—	—	—	00	9402800258
		604		02/24/1993	9402800115	C0022455	02	—	—	—	00	9402800258
		507	10	03/01/1997	9402800115	C0022455	05	—	—	—	—	9402800258
		507	20	06/30/1998	9402800115	C0022455	08	—	—	—	—	9402800258
		509		05/20/2002	9402800185	C0022455	10	—	—	—	—	9402800258
MOR [REDACTED] A	F478-[REDACTED]-6560	507	20	10/10/2002	9402800247	G0215093	02	—	—	—	—	9402800247
		507		10/10/2002	9402800247	G0215093	03	—	—	—	—	9402800247
		604		11/01/2002	9402800247	G0215093	04	—	—	—	—	9402800247

REPORT: MH32T
 TIME PERIOD COVERED: Current
 PRIMARY SORTS: Reporting Agency, provider, worker ID.
 SECONDARY SORTS: Client name
 COMMENTS: This report lists all clients/consumers for which there were open MH SPCs at any time during the report month. This report is sent to reporting agencies to be used as a turnaround document for reporting units of service, a data entry document for entering unit and SPC closure information. It can also be used to compare in-house reporting systems with HSRS. This report is printed and distributed quarterly but is available monthly if needed.

APPENDIX B

MENTAL HEALTH - 32T

Six versions of this report are available:

- 9325 Provider sorted, lists all programs currently open or closed in the previous month.
- 9322 Provider sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**
- 9326 Worker sorted, lists all programs currently open or closed in the previous month.
- 9323 Worker sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**
- 9324 Client name sorted, lists all programs currently open or closed in the previous month.
- 9321 Client name sorted, lists all programs currently open or closed in the previous month **on which unit reporting is required.**

APPENDIX B

REPORTING UNIT: [REDACTED] HUMAN SERV BD OF [REDACTED] PAGE: 5
 REPORT ID : HRSR-9311 (PW0085GJ) MH-031: OPEN SPCS (STARTDATE PRIOR TO 12/01/2003) LAST DAY OF RPT MONTH: 05/31/2004

NO UNITS REPORTED FOR LAST 6 MONTHS AND
 NO OTHER SPCS ACTIVE DURING THE SAME PERIOD

ACTION: IF NO LONGER ACTIVE, ENTER UNITS, IF ANY, THEN CLOSE

IF RECEIVING SERVICE, PLEASE ENTER UNITS

CLIENT NAME	CLIENT NUMBER	EPISODE NUMBER	EPISODE START DATE	SPC/SUB	START DATE	PG#	FAMILY ID
AIU [REDACTED] H A	A420-[REDACTED]-1010	M0067341	03/18/98	503 10	03/18/98	01	
		M0067341	03/18/98	507 10	03/18/98	02	
AKA [REDACTED] BER A	Z805-[REDACTED]-5020	W0239939	03/20/03	603	03/20/03	01	
AKE [REDACTED] M	A267-[REDACTED]-5020	L0232336	10/11/02	503 10	10/11/02	01	
		L0232336	10/11/02	507 10	10/11/02	02	
AKK [REDACTED] ON L	E650-[REDACTED]-5020	P0113182	05/18/99	501	05/18/99	01	
		P0113182	05/18/99	503	05/18/99	02	
		P0113182	05/18/99	503 10	05/18/99	03	
ALB [REDACTED] J	C450-[REDACTED]-6040	X0239940	01/09/96	507	01/09/96	01	
		X0239940	01/09/96	603	01/09/96	02	
		X0239940	01/09/96	503 10	01/03/03	03	
ALB [REDACTED] EMY L	N544-[REDACTED]-6040	X0056380	08/31/97	501	08/31/97	01	
ALB [REDACTED] E E	S467-[REDACTED]-5040	S0252467	04/04/03	603	04/04/03	01	
ALB [REDACTED] AN J	V688-[REDACTED]-5040	G0116111	09/30/99	205	09/30/99	01	
		G0116111	09/30/99	501	09/30/99	02	
ALB [REDACTED] Y A	A612-[REDACTED]-6040	S0193525	10/04/01	507 10	10/04/01	01	
		S0193525	10/04/01	603	10/04/01	02	

REPORT: MH031: 9311, 9312, 9313
 TIME PERIOD COVERED: Prior month (printed at top right corner of report).
 PRIMARY SORTS: See versions below.
 SECONDARY SORTS: See versions below.
 COMMENTS: This report provides a list of clients/consumers for whom open SPCs (no end date) have not had units of service reported during the previous six (6) months. This report can be printed and distributed either monthly or quarterly.
 Three versions of this report are available:
 9311 - sorted by client name
 9312 - sorted by provider number, then client name
 9313 - sorted by worker number, then client name

APPENDIX B

REPORTING UNIT: [REDACTED] COUNTY HSD
 REPORT ID : HSRs-9413 (PW0085LJ) MH-041: OPEN MH EPISODES
 WITH NO SERVICE LAST 90 DAYS.

PAGE: 5
 LAST DAY OF RPT MONTH: 05/31/2004

WORKER: [REDACTED]
 WORKER NO: 940 [REDACTED] 59

ACTION: IF RECEIVING SERVICE, PLEASE ENTER SPC DATA
 IF NO SERVICES WERE EVER PROVIDED, DELETE EPISODE

CLIENT NAME		CLIENT NUMBER	EPISODE NUMBER	EPISODE START DATE	SPC/SUB	START DATE	PG#	END DATE	FAMILY ID
ALF	EW A	Y254-217-016-5040	Q0273421	02/22/2004	503	02/22/2004	01	02/23/2004	
DEK	TTY	J538-607-160-3320	R0273422	02/14/2004	503	02/14/2004	01	02/18/2004	
DUD		M603-308-000-1320	D0273434	02/19/2004	503	02/19/2004	01	02/19/2004	
JOH	HOLAS M	N541-048-525-2250	C0273329	02/05/2004	503	02/05/2004	01	02/05/2004	
SCH	Y K	B895-786-200-4230	I0273439	02/14/2004	503	02/14/2004	01	02/17/2004	
STV	ANIELLE	N715-407-315-5230	M0273313	02/10/2004	503	02/10/2004	01	02/10/2004	
VAN	OEL	D601-906-234-4150	E0273409	02/12/2004	503	02/12/2004	01	02/13/2004	
VAS	ID	S942-106-300-1120	K0273441	02/09/2004	503	02/09/2004	01	02/13/2004	
VER	SHUA C	X664-987-250-0160	P0273420	02/12/2004	503	02/17/2004	01	02/23/2004	

REPORT: MH041: 9411, 9412, 9413
 TIME PERIOD COVERED: Previous month (printed at the top right corner of report).
 PRIMARY SORTS: See versions below.
 SECONDARY SORTS: See versions below.
 COMMENTS: This report provides a list of clients/consumers who have open episodes and for whom there has been no reported activity for 90 days. If all SPCs are closed and no action is taken, the HSRs system will close the episode. This report can be printed and distributed either monthly or quarterly.

Three versions of this report are available:
 9411 - sorted by client name
 9412 - sorted by provider number, then client name
 9413 - sorted by worker number, then client name

APPENDIX B

REPORTING UNIT: [REDACTED] CO UNIFIED BOARD PAGE: 11
 REPORT ID : HSR5-9701 (PW0085MJ) REPORT: MH-700 REPORTED AS OF: 05/31/2004
 MH UNITS REPORT

CLIENT NAME	CLIENT NUMBER	EPI KEY ³	MONTHLY UNITS												YTD
SPC/SB/TP	START DATE/PG#/END DATE	FAM ID	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC ³	UNITS
KAS [REDACTED] J	P167-[REDACTED]	-5200 H0247516													
603	03/26/03 01	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
507 20	04/09/03 02	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
KIE [REDACTED] IRANDA L	Q459-[REDACTED]	-6210 J0247518													
603	03/04/03 01	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
507 40 02	03/11/03 02	--/--/----	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50
507 20	03/25/03 03	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
507	11/18/03 04	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
KIN [REDACTED] AS	F352-[REDACTED]	-5250 K0017965													
509 02	03/21/95 03	--/--/----	9.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.27
706	01/01/01 09	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
507	06/26/01 10	--/--/----	.	.	.	.	.	.	.	.	.	.	.	.	0.00
604 02	01/23/03 12	--/--/----	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00

REPORT: MH700: 9701, 9702, 9703, 9704, 9705, 9706
 TIME PERIOD COVERED: All services that were open at any time during a calendar year (printed at top right of report).
 PRIMARY SORTS: See versions below.
 SECONDARY SORTS: See versions below.
 COMMENTS: This report provides a history of units of service reported by month for all services provided during the calendar year. Year I is printed at the top right corner of the report. This report can be printed and distributed either monthly or quarterly.
 Three versions of this report are available:
 Current calendar year
 9701 - sorted by client name
 9702 - sorted by provider number, then client name
 9703 - sorted by worker number, then client name
 Previous calendar year
 9704 - annual by client name
 9705 - annual by provider number, then client name
 9706 - annual by worker number, then client name
 XII - B88 JANUARY 2002

APPENDIX B

REPORTING UNIT: [REDACTED]	[REDACTED] CO DEPT OF HUMAN SERV	PAGE: 1
REPORT ID : HSRS-98N1 (PW0084AJ)	MH CONSUMER STATUS INFORMATION WORKSHEET	RUNDATE: 29MAY04
	NEW EPISODES - CONSUMER SORT	REPORT MM/YY: 05/2004

BRC	PSYCH	HLTH	HLTH APPOINTMNTS	SUICIDE RES	DAILY	EMP	CMIT	CRIM	FINANCIAL	
UPD	STRESS	GAF	STAT	PHY VIS DNT	RISK ARR	ACTIV EMP	LVL	STAT	JUST	SUPPORTS

JOH [REDACTED] SEY A	CLIENT ID: G56 [REDACTED] 55250	EPISODE: S027 [REDACTED] 3	START DATE: 05/26/04	END DATE:	.
PHA [REDACTED]	CLIENT ID: F05 [REDACTED] 00100	EPISODE: C027 [REDACTED] 3	START DATE: 05/11/04	END DATE:	.
SHY [REDACTED] STEVEN L	CLIENT ID: C7317262203250	EPISODE: T027 [REDACTED] 8	START DATE: 05/19/04	END DATE:	.
VIR [REDACTED] A	CLIENT ID: J4282070256160	EPISODE: D027 [REDACTED] 4	START DATE: 05/04/04	END DATE:	.

 *****THIS IS THE LAST PAGE FOR THIS REPORT - TOTAL OF 1 PAGES *

REPORT: New Episodes Missing CSDS Data (98N#)
 TIME PERIOD COVERED: Past Month
 PRIMARY SORTS: Reporting Agency, Provider, Worker ID
 SECONDARY SORTS: Client/Consumer Name
 COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L in the previous month and did not have CSDS data reported. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:
 98N1 - sorted by client/consumer name
 98N2 - sorted by Provider Number, then client/consumer name
 98N3 - sorted by Worker Number, then client/consumer name

APPENDIX B

REPORTING UNIT: [REDACTED]
 REPORT ID : HRSR-98U1 (PW0084DJ)

HUMAN SERV BD OF [REDACTED]
 MH CONSUMER STATUS INFORMATION WORKSHEET
 6 MO UPDATE - CONSUMER SORT

PAGE: 27
 RUNDATE: 29MAY04
 REPORT MM/YY: 05/2004

BRC UPD	PSYCH STRESS	GAF	HLTH STAT	HLTH APPOINTMNTS PHY VIS DNT	SUICIDE RES RISK	RES ARR	DAILY ACTIV	EMP EMP	EMP LVL	CMIT STAT	CRIM JUST	FINANCIAL SUPPORTS
MIL [REDACTED] NI C			CLIENT ID:	K9082 [REDACTED] 1540	EPISODE:	X0 [REDACTED] 10	START DATE:	11/25/98	END DATE:			.
MIN [REDACTED] IA C			CLIENT ID:	F2696 [REDACTED] 4560	EPISODE:	F0 [REDACTED] 72	START DATE:	11/09/00	END DATE:			.
MIR [REDACTED] TTE E			CLIENT ID:	S3953 [REDACTED] 6560	EPISODE:	N0 [REDACTED] 88	START DATE:	11/27/01	END DATE:			.
MOO [REDACTED] Y M			CLIENT ID:	B3202 [REDACTED] 6560	EPISODE:	O0 [REDACTED] 91	START DATE:	11/10/97	END DATE:			.
MOS [REDACTED] Y P			CLIENT ID:	P6520 [REDACTED] 6520	EPISODE:	M0 [REDACTED] 79	START DATE:	11/07/86	END DATE:			.
MUR [REDACTED] M			CLIENT ID:	G1418 [REDACTED] 5560	EPISODE:	H0 [REDACTED] 18	START DATE:	11/19/02	END DATE:			.
NEH [REDACTED] DA			CLIENT ID:	T3486 [REDACTED] 5560	EPISODE:	Q0 [REDACTED] 31	START DATE:	11/18/91	END DATE:			.
NEZ [REDACTED] F			CLIENT ID:	T7601 [REDACTED] 1520	EPISODE:	H0 [REDACTED] 20	START DATE:	11/30/92	END DATE:			.

REPORT: Opens Episodes Needing 6 Month CSDS Data Update (98U#)
 TIME PERIOD COVERED: Past Month
 PRIMARY SORTS: Reporting Agency, Provider, Worker ID
 SECONDARY SORTS: Client/Consumer Name
 COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L and now require a 6 month update of CSDS data. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:
 98U1 - sorted by client/consumer name
 98U2 - sorted by Provider Number, then client/consumer name
 98U3 - sorted by Worker Number, then client/consumer name

APPENDIX B

REPORTING UNIT: [REDACTED]	[REDACTED] COUNTY HSD	PAGE: 1
REPORT ID : HRSR-98C1 (PW0084GJ)	MH CLOSING CONSUMER INFORMATION WORKSHEET	RUNDATE: 29MAY04
	SORTED BY CONSUMER NAME	REPORT MM/YY: 05/2004

BRC	PSYCH		HLTH	HLTH APPOINTMNTS	SUICIDE RES	DAILY		EMP	CMIT	CRIM	FINANCIAL
UPD	STRESS	GAF	STAT	PHY VIS DNT	RISK ARR	ACTIV	EMP	LVL	STAT	JUST	SUPPORTS

CHA [REDACTED] RICE L	CLIENT ID: B4077 [REDACTED] 250	EPISODE: P0 [REDACTED] 756	START DATE: 06/21/02	END DATE: 05/14/04
KRU [REDACTED] A	CLIENT ID: T3082 [REDACTED] 260	EPISODE: L0 [REDACTED] 132	START DATE: 05/18/01	END DATE: 05/13/04
MAR [REDACTED] VID A	CLIENT ID: L2830 [REDACTED] 560	EPISODE: I0 [REDACTED] 385	START DATE: 06/14/02	END DATE: 05/14/04

 *****THIS IS THE LAST PAGE FOR THIS REPORT - TOTAL OF 1 PAGES *

REPORT: Closed Episodes Missing CSDS Data (98C#)

TIME PERIOD COVERED: Past Month

PRIMARY SORTS: Reporting Agency, Provider, Worker ID

SECONDARY SORTS: Client/Consumer Name

COMMENTS: This report lists all clients/consumers who began a MH Episode with a BRC Target Population code of H or L and whose mental health episode has now closed. CSDS data is required at episode closing if at least 90 days have passed since the last update. This report is sent to reporting agencies to be used as a turnaround document for recording CSDS data. It is printed and distributed monthly.

Three versions of this report are available:

- 98C1 - sorted by client/consumer name
- 98C2 - sorted by Provider Number, then client/consumer name
- 98C3 - sorted by Worker Number, then client/consumer name

APPENDIX B

STATEWIDE ALPHABETIC FOSTER HOMES ONLY PROVIDER NUMBER
 DIRECTORY AS OF July 1, 2004

PAGE 1

PROVIDER NAME 1	PROVIDER NAME 2	NUMBER	ACTIVE	COUNTY				
ADDRESS	CITY	ZIP	TYPE	AGENCY LICENSE NAME	BDOP IND	REQUESTING AGENCY		
ADAIR FOSTER HOME	CORINE & CONEY ADAIR	2204003251	YES	MILWAUKEE				
3879 N 55TH ST	MILWAUKEE, WI	53216	COUNTY	MILWAUKEE CO DSS	PURCHASED	MILWAUKEE CO DSS		
ADDISON FOSTER HOME	BESSIE ADDISON	2204003358	YES	MILWAUKEE				
2739 N 34TH STREET	MILWAUKEE, WI	53210	COUNTY	MILWAUKEE CO DSS	PURCHASED	MILWAUKEE CO DSS		
ADOPTIVE FOSTER HOMES - MILW	MILWAUKEE CO DSS	2204000001	YES	MILWAUKEE				
235 W GALENA STREET	MILWAUKEE, WI	53212	COUNTY	MILWAUKEE CO DSS	PURCHASED	MILWAUKEE CO DSS		
ALEXANDER FOSTER HOME	CHARLOTTE ALEXANDER	2204002607	YES	MILWAUKEE				
2519 N 27TH ST	MILWAUKEE, WI	53210	COUNTY	MCDSS	PURCHASED	MILWAUKEE CO DSS		
ALLEN FOSTER HOME	DEBORAH OR JOE ALLEN	2204002308	YES	MILWAUKEE				
6948 W HERBERT AVENUE	MILWAUKEE, WI	53218	COUNTY	MCDSS	PURCHASED	MILWAUKEE CO DSS		
SANDRA ALLEN	2204002958 NO	MILWAUKEE						
2144 N 49TH ST	MILWAUKEE, WI	53208	COUNTY	MCDSS	PURCHASED	MILWAUKEE CO DSS		
AMES FOSTER HOME	DENISE AMES	2204003315	YES	MILWAUKEE				
715 W GALENA APT #439	MILWAUKEE, WI	53205	COUNTY	MCDSS	PURCHASED	MILWAUKEE CO DSS		
AMOS FOSTER HOME	GRACY OR R C AMOS	2204002172	YES	MILWAUKEE				
2733 W CLARKE ST	MILWAUKEE, WI	53210	COUNTY	MCDSS	PURCHASED	MILWAUKEE CO DSS		
ANDERSON FOSTER HOME	LUPATRIE ANDERSON	2204003390	YES	MILWAUKEE				
6410 W LOCUST STREET	MILWAUKEE, WI	53210	COUNTY	MILWAUKEE CO DSS	PURCHASED	MILWAUKEE CO DSS		

REPORT: PROVIDER NUMBER
 SORTS: Three versions of this report are available:
 Foster home by name
 Non-foster home by name
 Non-foster home by ID
 Foster home by ID
 Name by type within county
 Number by type within county

APPENDIX C

COUNTY OF RESIDENCE CODES

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau Indian Reservation
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		303	Out-of-State

APPENDIX D

AGENCY ID CODES

<u>Code</u>	<u>Agency</u>	<u>Code</u>	<u>Agency</u>
1001	Adams Co. DSS	3035	Lincoln Co. DD Bd.
1010	Clark Co. DSS	3053	Rock Co. DD Bd.
1013	Dane Co. DSS	4002	Ashland Co. HSD
1015	Door Co. DSS	4003	Barron Co. HSD
1020	Fond du Lac Co. DSS	4004	Bayfield Co. HSD
1021	Forest Co. DSS	4005	Brown Co. HSD
1022	Grant Co. DSS	4006	Buffalo Co. HSD
1025	Iowa Co. DSS	4007	Burnett Co. HSD
1030	Kenosha Co. DSS	4008	Calumet Co. HSD
1031	Kewaunee Co. DSS	4009	Chippewa Co. HSD
1034	Langlade Co. DSS	4011	Columbia Co. HSD
1035	Lincoln Co. DSS	4012	Crawford Co. HSD
1037	Marathon Co. DSS	4013	Dane Co. HSD
1040	Milwaukee Co. DSS	4014	Dodge Co. HSD
1043	Oneida Co. DSS	4016	Douglas Co. HSD
1045	Ozaukee Co. DSS	4017	Dunn Co. HSD
1057	Sawyer Co. DSS	4018	Eau Claire Co. HSD
1058	Shawano Co. DSS	4019	Florence Co. HSD
1061	Trempealeau Co. DSS	4023	Green Co. HSD
1063	Vilas Co. DSS	4024	Green Lake Co. HSD
1066	Washington Co. DSS	4026	Iron Co. HSD
1070	Winnebago Co. DSS	4027	Jackson Co. HSD
1071	Wood Co. DSS	4028	Jefferson Co. HSD
2001	Adams Co. DCP	4029	Juneau Co. HSD
2010	Clark Co. DCP	4032	La Crosse Co. HSD
2013	Dane Co. Un. Bd.	4033	Lafayette Co. HSD
2015	Door Co. DCP	4036	Manitowoc Co. HSD
2020	Fond du Lac Co. DCP	4038	Marinette Co. HSD
2021	Forest/Oneida/Vilas Human Services Center	4039	Marquette Co. HSD
2022	Grant and Iowa Co. Unified Board	4041	Monroe Co. HSD
2030	Kenosha Co. DCP	4042	Oconto Co. HSD
2031	Kewaunee Co. DCP	4044	Outagamie Co. HSD
2034	Langlade/Lincoln/ Marathon North Central Comm. Servs.	4046	Pepin Co. HSD
2040	Milwaukee Co. CCSB	4047	Pierce Co. HSD
2045	Ozaukee Co. DCP	4048	Polk Co. HSD
2057	Sawyer Co. DCP	4049	Portage Co. HSD
2058	Shawano Co. DCP	4050	Price Co. HSD
2061	Trempealeau Co. DCP	4051	Racine Co. HSD
2066	Washington Co. Comp. Com. Sr.	4052	Richland Co. HSD
2070	Winnebago Co. DCP	4053	Rock Co. HSD
2071	Wood Co. Unified Services	4054	Rusk Co. HSD
		4055	St. Croix Co. HSD
		4056	Sauk Co. HSD

APPENDIX D

AGENCY ID CODES - continued

<u>Code</u>	<u>Agency</u>
4059	Sheboygan Co. HSD
4060	Taylor Co. HSD
4062	Vernon Co. HSD
4064	Walworth Co. HSD
4065	Washburn Co. HSD
4067	Waukesha Co. HSD
4068	Waupaca Co. HSD
4069	Waushara Co. HSD
4072	Menominee Co. HSD
5092	Oneida Tribe
5093	Ho-Chunk Nation DSS
6040	Milwaukee Co. Dept. on Aging
6516	Douglas Co. Health Dept.
6526	Iron Co. Public Health
6547	Pierce Co. Dept. of Community Health
6548	Polk Co. Health Department
6550	Price County Health Department
8040	Bureau of Milwaukee Child Welfare
8080	Milwaukee Region
8081	Southeastern Region - Waukesha
8082	Southern Region - Madison
8083	Fond du Lac District
8084	Northeastern Region - Green Bay
8086	Western Region - Eau Claire
8087	Wisconsin Rapids District
8088	Northern Region - Rhinelander
8302	Management Information Systems

APPENDIX E

STANDARD PROGRAM CATEGORIES

101 Child Day Care - Crisis/Respite

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

102 Adult Day Care

The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect and/or prevent their placement into alternate living arrangements. Typical services may include, but are not limited to: personal care and supervision. Benefits include the provision of food. Management functions which may be performed include, but are not limited to: resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program should be classified under Recreation/Alternative Activities. Excludes day center services for adults with developmental disabilities which are classified within the Day Center Services/Treatment Program. Excludes in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults which are classified within the Daily Living Skills Training Program.

103 Respite Care

The provision of services to clients who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent client adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring and review. Services for the dependent person may include personal care and supervision. The Respite Care Program includes only care which is delivered in the home of the primary caregiver, dependent person, friend or relative, the home of the respite care provider or in those freestanding facilities which primarily serve as respite care centers. Excludes certified child care for the purpose of respite which should be classified as Child Day Care. Excludes monitoring of care except in those instances when this is done by a client's case manager as an integral part of the Case Management/Service Coordination Program. Excludes all types of in-home care or training which is not directly related to relief for the primary caregiver.

APPENDIX E - continued

104 Supportive Home Care

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to, household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Counseling/psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources Program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purpose of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

106 Housing/Energy Assistance

The provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

107 Specialized Transportation and Escort

The provision of transportation and transportation related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

APPENDIX E - continued

108 Work Related Services

The provision of services in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings for purposes of enabling clients to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring and review when done by work related service providers; and supervision. Management functions which may be performed include, but are not limited to: resource recruitment and development and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act (JTPA), and displaced homemaker's services. Excludes Supported Employment as defined in SPC of that name.

110 Daily Living Skills Training

The provision of services to clients whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services which are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes intensive in-home services which teach parenting skills to parents of children with special parenting needs. Includes the teaching of child rearing skills, training on the preparation and management of a household budget, maintenance and care of the home and preparation of food. Includes services provided primarily in a natural setting such as those performed by a home trainer for children age 0-2, and skill training for clients of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care which should be classified under the Supportive Home Care Program.

111 Family Support

The provision of a material benefit in the form of cash to the caregivers of disabled children which enable the caregivers to obtain needed material benefits or services, consistent with provisions of the Family Support Plan for the purposes of enabling disabled children to maintain a natural living arrangement, preventing institutional placement, alleviating family stress and/or preventing family dysfunction. Services purchased by caretakers with approval of the county agency include but are not limited to: personal care, household care, assessment/diagnosis, general physical health services (e.g., dental care) and therapy. Includes services and items purchased by caretakers with the approval of the county agency as long as the decision to purchase the service or item is initiated by the client and is consistent with and part of the Family Support Plan even if the services or items would otherwise be classified under other SPCs such as Child Day Care. Excludes the activities of a case manager/service coordinator which should be classified under SPC 604 Case Management/Service Coordination.

112 Interpreter Services and Adaptive Equipment

The provision of services and material benefits to clients whose ability to access, participate and function in their community or homes is limited by physical, sensory or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the life styles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to clients or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications which include ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, telecommunication devices for the deaf, signaling devices, aids and telecommunication devices for the deaf, signaling devices, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing or any other item which is needed by clients for more independent and effective community living. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff who possess bilingual or signing skills functioning in other programs (e.g., psychotherapy by a Spanish speaking therapist in a mental health clinic should be classified as Counseling/Therapeutic Resources).

APPENDIX E - continued

113 Consumer Education and Training

Consumer education and training services are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Training and education goals related to these outcomes will be documented in the individual service plan. Local agencies will assure that the consumer and legal guardian receive necessary information on training and educational opportunities related to identified goals. Documentation of how specific training relates to identified goals will be included in the individual service plan.

201 Adoptions

The provision of services to clients involving the screening of adoptive applicants (i.e., families who have applied to adopt a child) for purposes of obtaining permanent substitute legal parents for children legally free for adoption. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes the costs of adoption subsidies as well as stepparent, relative, independent, interstate and foreign adoptions activities. Includes certain pre-adoption activities, such as termination of parental rights, when the purpose is adoption and no other program such as Foster Home or Case Management/Service Coordination is appropriate.

202 Adult Family Home

The provision of a structured residential living arrangement for the purpose of providing care and support to adult clients whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 81. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.

203 Foster Home

The provision of a loving, caring, and supportive substitute family to children for a short-term period (or long-term in approved situations). Services to clients provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Materials benefits include: food, housing, items, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.

APPENDIX E - continued

204 Group Home

The provision of services in a community based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to clients may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, items, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs which are classified as part of the Community Based Care/Treatment Facility Program.

205 Shelter Care

The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings which serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under HSS-59 (formerly PW-CY-45). Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).

301 Court Intake and Studies

The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis; and case planning, monitoring, and review. Includes custody studies, mediation and monitoring pursuant to divorce actions. Includes Chapter 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Chapters 48, 51, 55 Wisconsin Statutes.) Excludes studies and recommendations pertaining to proposed adoptions which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations which should be classified under Intake Assessment.

303 Juvenile Probation and Supervision Services

The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal "supervision", for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to: case planning, monitoring, and review and referral. Includes payment of rent in a court ordered supervised independent living arrangement. Excludes restitution by persons other than those responsible for supervision (e.g., restitution project staff) which should be classified as Restitution. Excludes supervision of children receiving aftercare following release from a correctional institution which should be classified as Juvenile Reintegration and Aftercare Services. Excludes the provision of an appropriate alternative living standard program.

APPENDIX E - continued

304 Juvenile Reintegration and Aftercare Services

The provision of services to residents of juvenile correctional facilities and persons on mandatory release or otherwise released from a juvenile correctional facility for purposes of strengthening family ties, aiding transition from institution to community, and ensuring that any conditions of release are met. Services may include, but are not limited to: case planning, monitoring, review, and referral. Excludes the provision of an alternative living setting which should be classified under an appropriate alternate living standard program category. Also excludes the provision of intensive home and community treatment services when such services are provided by persons other than those responsible for aftercare supervision (e.g., a treatment team) which should be classified under Counseling/Therapeutic Resources.

305 Restitution

The provision of services to clients under court order or supervision for purposes of enabling those persons to make restitution or other court ordered payments pertaining to attorney's fees, court costs, community work obligations and victim compensation. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring, and review; referral; and education/training. Includes all services performed by staff specializing in restitution activities. Excludes such services when performed as an integral part of juvenile supervision which should be classified as part of the Juvenile Probation and Supervision Services Program.

306 Juvenile Correctional Institution Services

The provision of services within a secure county juvenile detention facility or within a state juvenile correctional institution to children who are adjudicated delinquents. Services are intended to ensure public safety and must include supervision and dietary considerations. Material benefits include food and housing.

401 Congregate Meals

The provision of meals and services related to the provision of those meals to persons in natural or supportive service settings to promote socialization and adequate nutrition. Services may include, but are not limited to: education/training. Provision of food is an essential part of this program. Includes the provision of nutrition education when an integral but subordinate part of this program.

402 Home Delivered Meals

The provision of meals to homebound persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition. Services may include, but are not limited to: transportation. Provision of food is an essential part of this program.

APPENDIX E - continued

403 Recreation/Alternative Activities

The provision of services in a natural or supportive setting to persons who are socially or physically inactive, or whose activities are socially inappropriate, for the purpose of increasing their participation in constructive leisure time activities which enhance their dignity, support their independence, and/or encourage their involvement in and with the community. Services may include, but are not limited to: supervision, education/training, and transportation. Management functions which may be performed include, but are not limited to: resource recruitment and development related to development of recreational opportunities. Includes physical education or exercises for senior citizens (as well as senior center activities), Big Brothers, camping experiences, YMCA, YWCA, 4-H, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

404 Family Planning

The provision of services to enable persons to voluntarily determine their family size and composition. Services may include, but are not limited to: education/training, referral assessment/diagnosis, physical health and laboratory services, and the provision of drugs and items. May include genetic "counseling" to persons with genetically linked disorders and others at risk of giving birth to a child with such disorders. Includes educating parents as to their options on keeping an unborn child or terminating parental rights for the purpose of adoption. Excludes activities related to family planning which are an integral, but subordinate part of other programs (e.g., a referral for family planning which is part of an agency's Information and Referral Program).

406 Protective Payment/Guardianship

The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the client's money or supervising the client's use of funds. Services which are to ensure that the intended benefits of a money grant are used in the best interests of the beneficiary may include, but are not limited to: case planning, monitoring, and review; and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees and guardians. Excludes services designed primarily to teach money management skills which should be classified under Daily Living Skills Training. Excludes guardianship services for purposes of adoption which are part of the Adoptions Program.

408 Community Prevention, Organization and Awareness

The provision of services to the general public or targeted segments of the public for the primary purpose of preventing disabilities or social and community problems and promoting mental or physical health and improved social and community functioning. Services, which are typically provided to groups at risk, or the community at-large, include but are not limited to: public information, and education/training. Includes a wide variety of activities designed to make constructive changes in community conditions to help prevent disabilities or social or community problems as well as the development of positive youth programs and/or self-help groups. Includes the providing of factual information on disabilities and their prevention, on family and social problems and on good health and living practices. Includes the development and use of school and other curricula and printed and audiovisual educational and training materials which focus on the prevention of disorders and the coordination of all aspects of programming with other community agencies and groups. Includes presenting of factual information for the purpose of enhancing the competence of communities to accommodate or support elderly and disabled persons or other persons such as non-English speaking who otherwise would have difficulty accessing their community (e.g., influencing local transport system or street departments to better accommodate wheelchairs). Includes presentations and information directed at increasing public awareness of changes needed in the community to address the needs of children, elderly and the disabled. Excludes any services which are delivered to an agency client which may be part of this client's service or treatment plan. Excludes public information and other services whose main purpose is administrative, such as obtaining public input into agency plans, reports to governing boards and funding sources which should be classified as Agency/System Management. Excludes public information intended to recruit agency resources such as foster homes, which should be classified under the appropriate program (e.g., Foster Home). Excludes services provided when the primary intent is socialization (e.g., senior centers and companions, day care, congregate meals) or family planning, even if risk reduction is achieved for some individuals.

501 Crisis Intervention

The provision of services to individuals in the general public who are experiencing emergencies which require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions which are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals and for the community at large include but are not limited to: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24 hour hot lines, crisis response teams and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose, and are designed to serve the general public rather than specific client groups. Excludes services delivered under emergency conditions which are an integral, but subordinate, part of other standard programs (e.g., emergency inpatient care is to be classified as part of the inpatient program).

APPENDIX E - continued

503 Inpatient

The provision of treatment services in 24 hour units of an inpatient facility or AODA residential inpatient program in a CBRF to clients for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse or other problems requiring hospitalization, enabling persons to function effectively in a less restrictive alternate or a natural living setting. Services may include but are not limited to, assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations which require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facilities placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name. Excludes licensed IMD nursing home services meeting the definition of SPC Institution for Mental Disease.

504 Residential Care Center

The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to clients may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

505 DD Center/Nursing Home

The provision of services to clients in licensed nursing homes, including Wisconsin's three Centers for the Developmentally Disabled for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug or medical problems which attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, items, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by DD Center or nursing home staff. Excludes licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.

APPENDIX E - continued

506 Community Based Care/Treatment Facility

The provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug abuse disorders. Services may include, but are not limited to: supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical AODA extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under that Standard Program Category. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes AODA residential care in nursing homes which should be classified under the DD Center/Nursing Home Program. Excludes AODA residential inpatient programs in CBRFs which should be classified under the Inpatient Program. Excludes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 82.

507 Counseling/Therapeutic Resources

The provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting, may include, but are not limited to: assessment/diagnosis; case (treatment) planning, monitoring and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities. Excludes work related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

509 Community Support

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. The service of case planning, monitoring and review as well as the activities involved in case management/service coordination are a required part of this program for every client. Services which must be available although not necessarily provided to each client are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral and transportation. Includes identifying persons in need of services, assisting with and training clients in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income. Includes only activities delivered by designated CSP providers to persons with serious and persistent mental illness and chronic alcoholic persons and excludes these activities when delivered by other agency providers.

601 Outreach

The provision of services which are designed to result in the locating of persons likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Management functions include: resource recruitment and development. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes Employee Assistance and Student Assistance Program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency clients from specific segments of the community or specifically defined groups (e.g., rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process; this is to be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities which should be classified under the program of that name. Excludes services for agency clients.

602 Information and Referral

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public information and referral when provided as a subordinate part of an intake process (e.g., Intake Assessment Program) or when part of other programs.

APPENDIX E - continued

603 Intake Assessment

The provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/diagnosis and referral. Client assessments include Community Options Program assessments, Intoxicated Driver Program assessments, and Child Abuse and Neglect investigations. Includes activities associated with the AO167 process and screenings of prospective nursing home admissions per HSS 132.51 (2)(d)(1). May also include the development of an initial case service or treatment plan if done as part of a general client intake process. Also includes intake activities which occur prior to the establishment of client status. Includes the activities of centralized intake units. Assessment/diagnosis which is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

604 Case Management/Service Coordination

The provision of services by providers whose responsibility is to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to, assessment; case planning, monitoring and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the client receives.

605 Advocacy and Defense Resources

The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services, which may be provided by lay advocates as well as persons with legal training, may include, but are not limited to, education/training and advocacy. Includes assistance in applying for needed services or benefits, assistance in the use of appropriate grievance procedures, provision of representation for clients at hearings, the provision of legal advice, legal representation in court, legal research, education and counseling regarding legal rights and responsibilities.

APPENDIX E - continued

606 Health Screening and Accessibility

The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring and review; referral; and advocacy. Health screening provided as part of an overall client assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

609 Consumer Directed Supports

Consumer directed supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive life. Consumer directed supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer directed supports include the following specific activities at the request and direction of the consumer or his/her legal representative:

- a. Provision of services and supports which assist the person, family or friends to:
 - Identify and access formal and informal support systems;
 - Develop a meaningful consumer support plan; or
 - Increase and/or maintain the capacity to direct formal and informal resources.
- b. Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
- c. Development and implementation of person centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- d. Ongoing consultation, community support, training, problem-solving, technical assistance and financial management assistance to assure successful implementation of his/her person centered plan.
- e. Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

Services provided under a plan for consumer directed supports may not duplicate any other services provided to the person. Components of the consumer directed supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the local agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

APPENDIX E - continued

610 Housing Counseling

Housing counseling is a service which provides assistance to a recipient when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing and access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.

615 Supported Employment

Is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with chronic mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.

701 Training and Development

The performance of management functions in a natural or supportive service setting directed at maximizing the knowledge and skills of individual human services providers. Management functions which may be performed include, but are not limited to: personnel development and consultation/training. Excludes daily living skills training for providers of foster care and adult family homes which is classified as part of the Daily Living Skills Training Program.

702 Agency/Systems Management

The performance of management functions which are directed at the creation and operation of an effective, efficient, accountable, and accessible service delivery system. Includes public information and other services whose main purpose is administrative such as obtaining public input into agency plans and reports to governing boards and funding sources. Excludes management functions associated directly with any program or other management category.

APPENDIX E - continued

703 Detoxification - Hospital Setting and Receiving Center

Includes hospital based detoxification programs including those certified as HFS 61.55 emergency care inpatient programs and HFS 61.56 detoxification receiving center programs. A detoxification receiving center program provides services to clients incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The client may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.

704 Day Treatment - Medical

A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services as defined under s. HFS 61.51(1).

705 Detoxification - Social Setting

A social setting detoxification program provides treatment oriented service which does not include direct medical services as defined under s. HFS 61.58. This nonmedically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.

706 Day Center Services - Non-medical

A day treatment program (DTP) is a nonresidential program in a nonmedically supervised setting that provides case management, counseling on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services as defined under s. HFS 61.51 (1).

710 Skilled Nursing Services

Services listed in the plan of care which are within the scope of Wisconsin's Nurse Practice Act. Services will be provided by an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse under the supervision of a Registered Nurse, licensed to practice in the state.

APPENDIX E - continued

711 Residential Care Apartment Complex

Services provided in a certified community care facility. In conjunction with residing in the facility, this service includes 24 hours on site response staff to meet scheduled or unpredictable needs and to provide supervision of safety and security. Care is provided to individuals who reside in their own living units that are separate and distinct from each other. Services delivery must be consumer driven to the maximum extent possible.

925 Institution for Mental Disease

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot Contract.

APPENDIX F

HSRS SUBSTITUTE CARE SCHOOL DISTRICT CODES (Field 16)

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Adams	0014	Adams-Friendship Area
Ashland	0170	Ashland
	0840	Butternut
	2205	Glidden
	3427	Mellen
Barron	0308	Barron Area
	0903	Cameron
	1078	Chetek
	1260	Cumberland
	4557	Prairie Farm
	4802	Rice Lake Area
	5810	Turtle Lake
Bayfield	0315	Bayfield
	1491	Drummond Area
	4522	South Shore
	6027	Washburn
Brown	0182	Ashwaubenon
	1407	Denmark
	1414	De Pere
	2289	Green Bay Area
	2604	Howard-Suamico
	4613	Pulaski Community
	6328	West De Pere
	6734	Wrightstown Community
Buffalo	0084	Alma
	1155	Cochrane-Fountain City
	2142	Gilmanton
	3668	Mondovi
Burnett	2233	Grantsburg
	5376	Siren
	6293	Webster

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Calumet	0658	Brillion
	1085	Chilton
	2534	Hilbert
	3941	New Holstein
	5614	Stockbridge
Chippewa	0497	Bloomer
	0870	Cadott Community
	1092	Chippewa Falls Area
	1204	Cornell
	2891	Lake Holcombe
	3920	New Auburn
	5593	Stanley-Boyd
Clark	0007	Abbotsford
	1162	Colby
	2226	Granton Area
	2394	Greenwood
	3206	Loyal
	3899	Neillsville
	4207	Owen-Withee
	5726	Thorp
Columbia	0882	Cambria-Friesland
	1183	Columbus
	1736	Fall River
	3150	Lodi
	4228	Pardeeville
	4501	Portage Community
	4536	Poynette
	4634	Randolph
	4865	Rio Community
Crawford	6678	Wisconsin Dells
	2016	North Crawford
	4543	Prairie du Chien Area
	5124	Seneca
	6251	Wauzeka-Steuben

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Dane	0350	Belleville
	0469	Wisconsin Heights
	0896	Cambridge
	1309	Deerfield Community
	1316	De Forest Area
	3269	Madison Metropolitan
	3332	Marshall
	3381	McFarland
	3549	Middleton-Cross Plains
	3675	Monona Grove
	3794	Mount Horeb Area
	4144	Oregon
	5621	Stoughton Area
	5656	Sun Prairie Area
	5901	Verona
	6181	Waunakee Community
Dodge	0336	Beaver Dam
	2523	Herman #22
	2576	Horicon
	2625	Hustisford
	2744	Dodgeland
	3171	Lomira
	3367	Mayville
	3913	Neosho J3
	4998	Rubicon J6
Door	2114	Gibraltar Area
	5130	Sevastopol
	5457	Southern Door
	5642	Sturgeon Bay
	6069	Washington
Douglas	3297	Maple
	5397	Solon Springs
	5663	Superior
Dunn	0637	Boyceville Community
	1176	Colfax
	1645	Elk Mound Area
	3444	Menomonie Area

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Eau Claire	0112	Altoona
	0217	Augusta
	1554	Eau Claire Area
	1729	Fall Creek
Florence	1855	Florence
Fond du Lac	0910	Campbellsport
	1862	Fond du Lac
	3983	North Fond du Lac
	4025	Oakfield
	4872	Ripon
	4956	Rosendale-Brandon
	6216	Waupun
Forest	1218	Crandon
	2940	Laona
	5992	Wabeno Area
Grant	0609	Boscobel Area
	0994	Cassville
	1246	Cuba City
	1813	Fennimore Community
	2485	Southwestern Wisconsin
	2912	Lancaster Community
	3850	Riverdale
	4389	Platteville
	4529	Potosi
	4904	River Ridge
Green	0063	Albany
	0700	Broadhead
	2737	Juda
	3682	Monroe
	3696	Monticello
	3934	New Glarus
Green Lake	0434	Berlin Area
	2310	Green Lake
	3325	Markesan
	4606	Princeton

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Iowa	0287	Barneveld
	1428	Dodgeville
	2527	Highland
	2646	Iowa-Grant
	3633	Mineral Point
Iron	2618	Hurley
	3484	Mercer
Jackson	0091	Alma Center
	0476	Black River Falls
	3428	Melrose-Mindoro
Jefferson	1883	Fort Atkinson
	2702	Jefferson
	2730	Johnson Creek
	2898	Lake Mills Area
	4221	Palmyra-Eagle Area
	6118	Waterloo
	6125	Watertown
Juneau	1673	Royall
	3360	Mauston
	3871	Necedah Area
	3948	New Lisbon
	6713	Wonewoc-Union Center
Kenosha	0657	Brighton #1
	0665	Bristol #1
	2793	Kenosha
	4235	Paris J1
	4627	Randal J1
	5054	Central/Westosha UHS
	5061	Trevor Grade
	5068	Salem J2
	5075	Wilmont Grade
	5369	Silver Lake J1
	5817	Twin Lakes #4
	6412	Wheatland J1
	6545	Wilmot UHS

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Kewaunee	0070	Algoma
	2814	Kewaunee
	3220	Luxemburg-Casco
La Crosse	0245	Bangor
	2562	Holmen
	2849	La Crosse
	4095	Onalaska
	6370	West Salem
Lafayette	0161	Argyle
	0364	Belmont Community
	0427	Benton
	0490	Pecatonica Area
	1295	Darlington Area
	2240	Black Hawk
	5362	Shullsburg
Langlade	0140	Antigo
	1582	Elcho
	6440	White Lake
Lincoln	3500	Merrill Area
	5754	Tomahawk
Manitowoc	2828	Kiel Area
	3290	Manitowoc
	3661	Mishicot
	4760	Reedsville
	5824	Two Rivers
	5866	Valders Area
Marathon	0196	Athens
	1561	Edgar
	3304	Marathon City
	3787	Mosinee
	4970	D.C. Everest Area
	5467	Spencer
	5628	Stratford
	6223	Wausau

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Marinette	1169	Coleman
	1232	Crivitz
	2212	Goodman-Armstrong
	3311	Marinette
	3969	Niagara
	4263	Beecher-Dunbar-Pembine
	4305	Peshtigo
	6230	Wausaukee
Marquette	3689	Montello
	6335	Westfield
Milwaukee	0721	Brown Deer
	1253	Cudahy
	1890	Fox Point J2
	1897	Maple Dale-Indian Hill
	1900	Franklin Public
	2177	Nicolet UHS
	2184	Glendale-River Hills
	2296	Greendale
	2303	Greenfield
	3619	Milwaukee
	4018	Oak Creek-Franklin
	5026	Saint Francis
	5355	Shorewood
	5439	South Milwaukee
	6244	Wauwatosa
	6300	West Allis
	6419	Whitefish Bay
	6470	Witnall
Monroe	0980	Cashton
	3990	Norwalk-Ontario
	5460	Sparta Area
	5747	Tomah Area
Oconto	2128	Gillett
	2961	Lena
	4067	Oconto
	4074	Oconto Falls
	5670	Suring

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Oneida	3640	Minocqua J1
	3647	Lakeland UHS
	4781	Rhinelanders
	5733	Three Lakes
	6720	Woodruff J1
Outagamie	0147	Appleton Area
	1953	Freedom
	2583	Hortonville
	2758	Kaukauna Area
	2835	Kimberly Area
	3129	Little Chute
	5138	Seymour Community
Ozaukee	5348	Shiocton
	1015	Cedarburg
	1945	Northern Ozaukee
	2217	Grafton
	3479	Mequon-Thiensville
Pepin	4515	Port Washington-Saukville
	1499	Durand
Pierce	4270	Pepin Area
	1659	Ellsworth Community
	1666	Elmwood
	4459	Plum City
	4578	Prescott
	4893	River Falls
Polk	5586	Spring Valley
	0119	Amery
	0238	Unity
	1120	Clayton
	1127	Clear Lake
	1939	Frederic
	3213	Luck
	4165	Osceola
	5019	Saint Croix Falls

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Portage	0105	Almond-Bancroft
	0126	Tomorrow River
	4963	Rosholt
	5607	Stevens Point Area
Price	4242	Park Falls
	4347	Phillips
	4571	Prentice
Racine	0777	Burlington Area
	1449	Dover #1
	4011	Norway J7
	4620	Racine
	4686	Raymond #14
	4690	North Cape
	5852	Union Grove UHS
	5859	Union Grove J1
	6083	Waterford UHS
	6104	Washington-Caldwell
	6113	Waterford J1
	6748	Yorkville J2
Richland	2660	Ithaca
	4851	Richland Center
Rock	0413	Beloit
	0422	Beloit Turner
	1134	Clinton Community
	1568	Edgerton
	1694	Evansville Community
	2695	Janesville
	3612	Milton
	4151	Parkview
Rusk	0735	Bruce
	2856	Ladysmith-Hawkins
	5757	Flambeau
	6410	Weyerhauser

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Saint Croix	0231	Baldwin-Woodville Area
	2198	Glenwood City
	2422	Saint Croix Central
	2611	Hudson
	3962	New Richmond
	5432	Somerset
Sauk	0280	Baraboo
	4753	Reedsburg
	5100	Sauk Prairie
	5523	River Valley
	6354	Weston
Sawyer	2478	Hayward
	6615	Winter
Shawano	0602	Bonduel
	0623	Bowler
	5264	Shawano-Gresham
	5740	Tigerton
	6692	Wittenburg-Birnamwood
Sheboygan	1029	Cedar Grove-Belgium Area
	1631	Elkhart Lake-Glenbealah
	2605	Howards Grove
	2842	Kohler
	4137	Oostburg
	4473	Plymouth
	4641	Random Lake
	5271	Sheboygan Area
	5278	Sheboygan Falls
Taylor	2135	Gilman
	3409	Medford Area
	4795	Rib Lake
Trempealeau	0154	Arcadia
	0485	Blair-Taylor
	1600	Eleva-Strum
	2009	Galesville-Ettrick-Trempealeau
	2632	Independence
	4186	Osseo-Fairchild
	6426	Whitehall

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Vernon	1421	De Soto Area
	2541	Hillsboro
	2863	La Farge
	5960	Kickapoo Area
	5985	Viroqua Area
	6321	Westby Area
Vilas	0616	Bolder Junction J1
	1526	Northland Pines
	1848	Lac du Flambeau #1
	4330	Phelps
Walworth	1380	Delavan-Darien
	1638	Elkhorn Area
	1870	Fontana J8
	2044	Geneva J4
	2051	Genoa City J2
	2884	Lake Geneva-Genoa City UHS
	2885	Lake Geneva J1
	3087	Linn J4
	3094	Linn J6
	5258	Sharon J11
	6013	Big Foot UHS
	6022	Walworth J1
	6461	Whitewater
	6482	Williams Bay
	1540	East Troy Community
Washburn	0441	Birchwood
	3654	Northwood
	5306	Shell Lake
	5474	Spooner
Washington	1687	Erin
	2058	Germantown
	2436	Hartford U.H.S.
	2443	Hartford J1
	2800	Kewaskum
	4820	Richfield J1
	4843	Friess Lake
	5390	Slinger
	6307	West Bend

APPENDIX F - continued

<u>COUNTY</u>	<u>DISTRICT NUMBER</u>	<u>SCHOOL</u>
Waukesha	0714	Elmbrook
	1376	Kettle Moraine
	2420	Hamilton
	2450	Arrowhead UHS
	2460	Hartland-Lakeside J3
	3122	Richmond
	3437	Menomonee Falls
	3510	Swallow
	3514	North Lake
	3528	Merton Area
	3542	Stone Bank
	3822	Mukwonago
	3857	Muskego-Norway
	3862	Lake Country
	3925	New Berlin
	3976	Norris
	4060	Oconomowoc
	4312	Pewaukee
	6174	Waukesha
Waupaca	1141	Clintonville
	2639	Iola-Scandinavia
	3276	Manawa
	3318	Marion
	3955	New London
	6195	Waupaca
	6384	Weyauwega-Fremont
Waushara	4375	Tri-County Area
	6237	Wautoma Area
	6475	Wild Rose
Winnebago	3430	Menasha
	3892	Neenah
	4088	Omro
	4179	Oshkosh Area
	6608	Winneconne Community
Wood	0203	Auburndale
	3339	Marshfield
	3906	Nekoosa
	4368	Pittsville
	4508	Port Edwards
	6685	Wisconsin Rapids
Menominee	3434	Menominee Indian
Out of state	8888	Out of state

APPENDIX G

TRANSFER AGENCY CODES FOR SUBSTITUTE CARE REPORT

<u>Code</u>	<u>Agency</u>
1015	Door Co. DSS
1020	Fond du Lac Co. DSS
1034	Langlade Co. DSS
1035	Lincoln Co. DSS
1037	Marathon Co. DSS
1043	Oneida Co. DSS
1057	Sawyer Co. DSS
1058	Shawano Co. DSS
1071	Wood Co. DSS
4002	Ashland Co. HSD
4004	Bayfield Co. HSD
4008	Calumet Co. HSD
4013	Dane Co. HSD
4016	Douglas Co. HSD
4017	Dunn Co. HSD
4019	Florence Co. HSD
4026	Iron Co. HSD
4038	Marinette Co. HSD
4042	Oconto Co. HSD
4044	Outagamie Co. HSD
4050	Price Co. HSD
4060	Taylor Co. HSD
4067	Waukesha Co. HSD
4072	Menominee Co. HSD

APPENDIX H

HOW TO REQUEST PROVIDER NUMBERS

Following are samples of the format in which provider number requests must be submitted, and listings of all the needed codes. All requests should be in the required format.

Provider number requests can be sent via:

E-mail: soshelp@dhfs.state.wi.us

FAX: (608) 267-2437

or mail to: SOS DESK
P.O. Box 7851
1 West Wilson Street
Room 851
Madison, WI 53707-7851

Please include agency name along with a contact name when submitting data.

If you have a question on completing a request, please call the SOS Desk at (608) 266-9198.

APPENDIX H

HOW TO REQUEST A NEW PROVIDER NUMBER

Below is the proper method to use when requesting provider numbers.

Provider Number		
Facility Name	Lewis Foster Home	
Operator(s)/Parent Org*	Ed & Edna Lewis (Required for F.H.)	
Address	209 Parker St	
City and State	Madison, WI	
Zip Code	53713	
County	013	
Provider Type	22	
License	02	
Lic Agy Name*	Dane DSS	
Requesting Agency RU Code	4013	
Foster Family Structure	1	
First Foster Caretaker:		
Birth Year	1959	
Hispanic (Y/N)	N	
Race	W	
Second Foster Caretaker:		
Birth Year	1959	
Hispanic (Y/N)	N	
Race	W	
Current Monthly Rate**		Board Op Facility**
Current Daily Rate**		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**
Provider Number		
Facility Name	Willow Oak CBRF	
Operator(s)/Parent Org*		
Address	1210 Willow Oak Ln	
City and State	Fond du Lac, WI	
Zip Code	54935	
County	020	
Provider Type	37	
License	04	
Lic Agy Name*	Lutheran Social Services	
Requesting Agency RU Code	4013	
Current Monthly Rate**		Board Op Facility**
Current Daily Rate **		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**

* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

** - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

APPENDIX H

HOW TO REQUEST A CHANGE IN A PROVIDER NUMBER

Whenever requesting a change in data for a provider **always include the name and provider number of the provider**. These requests must also be in the same format as the new request, but you only need to write the information that has changed. For example:

Provider Number	2240130001	
Facility Name	Lewis Foster Home	
Operator(s)/Parent Org*		
Address	7119 Kumba Ct	
City and State	Madison, WI	
Zip Code	53719	
County		
Provider Type		
License		
Lic Agy Name*		
Requesting Agency RU Code	4013	
Foster Family Structure		
First Foster Caretaker:		
Birth Year		
Hispanic (Y/N)		
Race		
Second Foster Caretaker:		
Birth Year		
Hispanic (Y/N)		
Race		
Current Monthly Rate**		Board Op Facility**
Current Daily Rate**		Prev Monthly Rate**
Active Prov Ind**		Prev Daily Rate**
Date Keyed**		Effective Date**

Though the only information that changed was the address and zip code, we still had to allocate space for the other fields.

APPENDIX H

HSRS PROVIDER TYPES

<u>CODE</u>	<u>PROVIDER TYPE</u>
22	Foster home - children
23	Group home - corporate - for profit
24	Group home - corporate - nonprofit
25	Group home - unincorporated
26	Detention facility
27	Shelter care facility
28	Residential care center - private - for profit
29	Residential care center - private - nonprofit
30	Residential care center - public
31	School for the blind or deaf
32	Center for developmentally disabled
33	State mental health institute
34	Non-state operated psychiatric or specialty hospital
35	General hospital
36	Adult family home
37	CBRF - (5-8 residents)
38	CBRF - (9-16 residents)
39	CBRF - (17 + residents)
43	Adult day care
44	Substitute care parent agencies
70	Supportive home care (individual)
71	Supportive home care (direct)
72	Supportive home care (contract)
76	In-home child care (relative)
77	In-home child care (nonrelative)
78	Family day care (relative)
79	Family day care (family, nonrelative)
80	Group center - child day care
82	Sheltered employment facility
83	Day services (nonmedical) facility
84	Day services (medical) facility
85	Outpatient facility/service office
86	Nursing home
87	Transitional living program
88	Approved ancillary services*
89	Other (including respite care and direct grants)

* As listed in the Allowable Costs Manual

LICENSE TYPES

<u>Code</u>	<u>Explanation</u>
00	Not licensed
01	Licensed by State of WI
02	Licensed <u>or</u> certified by a county in WI
03	Licensed by State of WI <u>and</u> county certified
04	Licensed by a private organization or another state
05	Tribal

APPENDIX H

HSRS PROVIDER FILE

SPECIFIC DEFAULTS

Board Op Facility	0000	Contracted/Purchased Service The reporting unit code of the providing agency should be entered in this field.
Current Monthly Rate	\$0000.0	Note: Any value other than default will be entered by the SOS Desk.
Previous Monthly Rate	\$000.00	Note: This value will automatically become previous current monthly rate.
Current Daily Rate	\$000.00	Note: Any value other than default will be entered by the SOS Desk.
Previous Daily Rate	\$000.00	Note: This value will automatically become previous current daily rate.
Actv Prov Ind	Y	Note: This field should be marked N only on update cases when the provider is no longer active.

APPENDIX H

HSRS PROVIDER NUMBER REQUEST FORM

Date _____ Requester Name _____ Agency _____

	Provider Number
	Facility Name
	Operator(s)/Parent Organization
	Address
	City, State
	Zip Code
	County Code Facility Is Located In
	Provider Type
	License Type
	Licensing Agency Name
	Requesting Agency Reporting Unit
	Board Operated Facility
	Active Provider Indicator (Y or N)

FOR FOSTER HOMES ONLY

	Foster Family Structure
	1 - Married couple
	2 - Unmarried couple
	3 - Single female
	4 - Single male
	First Foster Caretaker *
	Birth Year
	Hispanic/Latino (Y or N)
	Race (A, B, I, P, W) Code as many as apply.
	Second Foster Caretaker
	Birth Year
	Hispanic/Latino (Y or N)
	Race (A, B, I, P, W) Code as many as apply.

*If the foster caretakers are a female/male couple, the female data should go in the First Foster Caretaker fields.

If the foster caretaker is a single person (M or F) the data goes in the First Foster Caretaker fields.

If the foster caretakers are both the same sex (male/male or female/female), it doesn't matter which person's data is listed first or second.

APPENDIX I

ORDERING FORMS

HSRS forms are free of charge and may be ordered by completing a DMT-25 FORMS/PUBLICATION REQUISITION and mailing it to the address on the form.

**HSRS File
Transfer System
Directions
November 2003**

Introduction

We have developed a batch interface to the Human Services Reporting System (HSRS) known as the HSRS File Transfer System (HSRS FTS). This new system replaces **all** previous batch reporting systems for the HSRS; however, it is **NOT** a replacement of the online system, but rather something counties may **choose** to use in place of or in addition to the online system. The new system is available to all County Agencies as a reporting option. It utilizes the HSRS online processing code and internet file transfer technology to minimize the amount of maintenance required to keep the system operational.

Overview

Counties collect data on their own computer system and then generate files for uploading to the HSRS FTS in a standard format, at a frequency that at least fulfills the minimum HSRS reporting requirement. The County staff then log on to a secured internet site using their HSRS Host User ID and Password. Using that site they upload their data to the HSRS Host for processing that evening. The following morning the results of the processing of their file are available on the same site for downloading. The County downloads the file, which contains both their good (processed) and bad (unprocessed) records. The County then may correct their errors by either generating another file with the corrections made and repeating the process, or by going out to the HSRS online screens and keying the data into the system directly. File transfers may be done on whatever frequency the County wishes, as long as the minimum reporting requirement for the particular Module is met. More frequent processing (monthly or even weekly) is encouraged, especially in the beginning, to keep errors down to a manageable size.

Impact on Previous Batch Processors

Counties have submitted data to the HSRS in various formats for a number of different modules over the years. Each of those previous processors had their own requirements, quirks and problems. That is why the number of agencies reporting on them was limited. They were also quite labor intensive for State staff, making them more susceptible to budget and staffing concerns. The new HSRS FTS replaces **ALL** previous batch reporting options.

Modules

The HSRS FTS will accept files for the following Modules:

CORE
CSC (Children in Substitute Care)
AODA (Alcohol and Other Drug Abuse)
MH (Mental Health)
LTS (Long Term Support)

The HSR FTS is not available for the Modules below. Therefore Counties still need to key data online for these Modules:

FSP (Family Support Program)
SE (Supported Employment)
B3 (Birth to Three Program)

These Modules were not included because each contains a small number of clients, with limited data elements to be reported.

Reporting Frequencies and Times

Each Module that may be reported through the HSRS FTS has it's own frequency requirements that must be followed as a minimum. However, more frequent reporting is always an option. We especially encourage counties to report more frequently when they first start using the HSRS FTS so that the amount of errors is more manageable. You may report daily if you wish.

The system will allow you to transfer files between 8:00am and 5:00pm Monday through Saturday. This window insures that you will not be submitting a file for processing during one of our batch processing cycles and that any file you submit will be processed the same evening. Since the HSRS is not available on Sundays, neither is uploading files to the HSRS FTS.

File Layouts and Definitions

In our effort to keep costs down and simplify maintenance to the HSRS FTS, thereby ensuring that the system is available uninterrupted into the future, we will not be duplicating documentation on field definitions. Those definitions and the values for fields can be seen in the HSRS Handbook (either the paper edition or the online edition, which is linked on the HSRS FTS screens). Each file layout follows the corresponding HSRS form fairly closely. Be aware that Screen 18 Optional Data, which is on the bottom of most of our forms has been moved up to an Optional Data Group near the beginning of each record, after the Client Group. The Episode (Next) Review Date is in the Episode Dates Group. We recommend having your HSRS expert work with your IT staff in building the file creation program. Your IT staff should have no problem understanding the record layouts and your HSRS expert will understand the data.

The following suggestions may prove helpful:

- Not all data on the file layouts are required. Refer to either a HSRS form or the Handbook to determine whether the data is required or optional. Optional data is shaded on HSRS forms.
- Always include the HSRS Client ID if known – while not required it insures that duplicate Ids do not get generated.
- Always include the Episode (Module) Key on update records – while not required, it insures that the system will be updating the episode you intend. If not supplied, the system will check for episodes of the correct type that have an Episode Start Date that corresponds to the one on your record.
- Include all information on update records, not just the information that is changing – this insures that we have all the data in the system correctly. While you can get by with less data, the chance for errors and the probability that the HSRS does not contain all the proper data increases.
- Note that all data is alpha-numeric – this means that “numeric” fields such as units should be reported as spaces unless you really wish to put zeroes in the field.
- To add an SPC you would include all the registration data, all the module specific data and then the SPC data.

- Only one SPC is allowed per record. To add a second SPC requires a second record.
- To report units or cost for a service requires entering the registration data, module specific data and SPC specific data, including the units and costs.
- To update a field, submit all data up to that point. So if the field to be updated is in the SPC section, submit the Registration data, the module specific data and the SPC data.
- Errors come back in two parts: ERR-MSG-OTHER and ERR-MSG-SCREEN. ERR-MSG-OTHER contains the field that was in error and ERR-MSG-SCREEN contains the error message from the screen. Please note that while these fields are on the record layouts, they should not be part of your input record. They are returned on the results file records only.
- RU-CODE – this is your 4 digit Reporting Unit Code followed by 00.
- MODULE-TYPE-CODE – this is the Module Type Code for the type of file you are submitting. Module Type Codes are 1 – CORE, 2 – CSC, 6 – AODA, 9 – MH, and A – LTS. They can also be found on the back of the HSRS Core Deskcard.

System Requirements

This system was built and tested using Windows NT and Internet Explorer 5.0. While other software may be used, we do not guaranty that the HSRS FTS will work under other configurations. Due to the large number of configurations possible, we will only help Counties troubleshoot problems with the functioning of HSRS FTS screens if they are using the configuration above. We will of course help Counties with the understanding of requirements and explanation of errors in your Results File no matter what configuration you are using to do the file transfers.

System Updates

From time to time file layouts will need to be changed to reflect changes to the system. We will keep a registry of persons who receive the HSRS FTS documentation and distribute new specifications to them. It is our intention to give counties at least 6 months notice before new specifications will be implemented. However, when new specifications are implemented, files generated using the old specifications will no longer work and your records will be rejected. Therefore counties wishing to use this method of reporting should be prepared to provide the necessary resources to implement changes in the specifications on a timely basis.

Contact Information

Scott Tews
1 W. Wilson ST RM 851
PO Box 7851
Madison WI 53707-7851
608-266-3318

tewss@dhfs.state.wi.us

HSRS FTS Sign-In Procedure

To access the **HSRS FTS**, open Internet Explorer and enter:

<https://prdsec4p.it.state.wi.us/servlet/hfs.dsl.hsrs.beethoven.servlets.SetupServlet>

Press Enter.

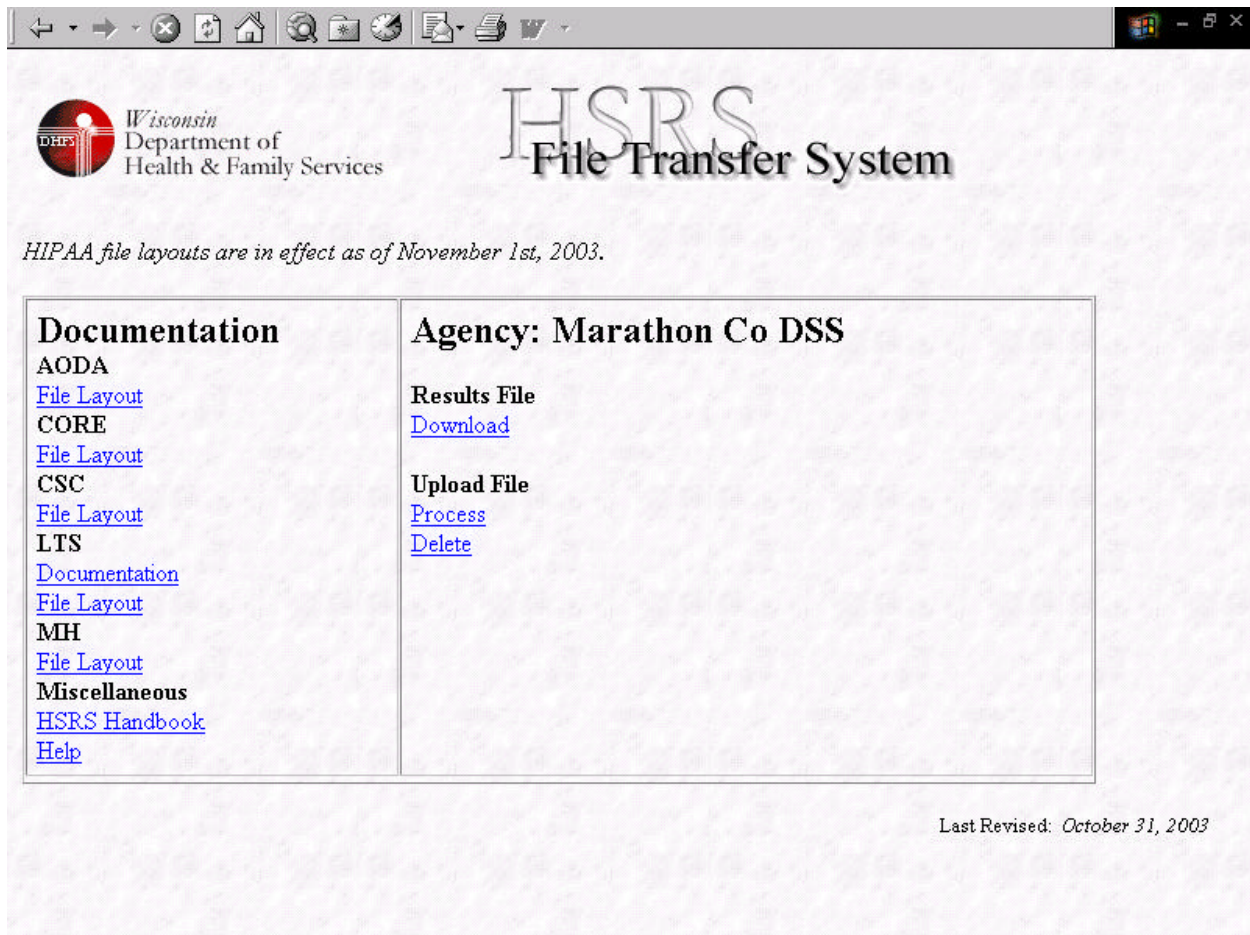
The following box will appear:



The image shows a Windows-style dialog box titled "Enter Network Password". It has a key icon on the left and a message that says "Please type your user name and password." Below the message, there are two labels: "Site:" and "Realm:". The "Site:" field contains the text "prdsec4p.it.state.wi.us" and the "Realm:" field contains "System_Logon". Below these are two text input fields: "User Name" and "Password". At the bottom left, there is a checkbox labeled "Save this password in your password list". At the bottom right, there are two buttons: "OK" and "Cancel".

Enter your mainframe User Name (USERID) and Password in the appropriate fields and click OK. This is the same ID you would use to access the HSRS online screens.

HSRS FTS Main Screen



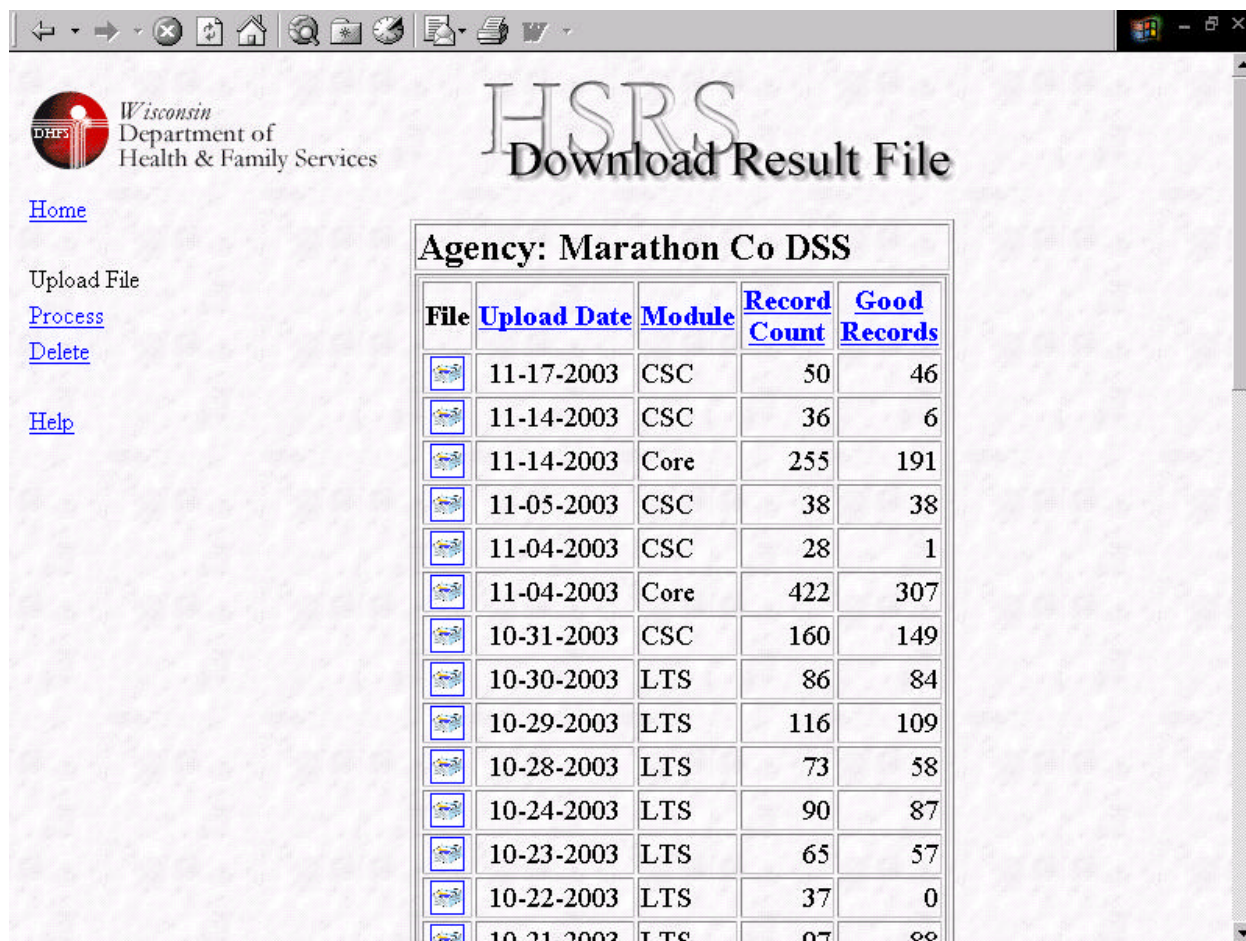
The main screen displays your Agency Name.

The screen provides the following links:















- **Download (Results File)** - use this link to download the Results File(s) from our host to your pc. All files processed within the last 90 days are available, even files previously downloaded. This allows you to download multiple times or to multiple machines or locations.
- **Process (Upload File)** - use this link to upload files from your pc to our host for processing.
- **Delete (Upload File)** - use this link to delete files you uploaded to our host that have not yet been processed. Remember, all files are processed the night they are loaded, so this link is only helpful on the day you upload a file to our host. If you wait until the following day, the file will already be processed.
- **File Layout** – under each module type click on this link to get a copy of the file layout.
- **LTS Documentation and Error Messages** - extra documentation provided by the family care staff for LTS processing.

- **HSRS Handbook** - use this link to go directly to the Online HSRS Handbook. Useful if you have questions about what values a field should contain.

HSRS FTS Download Results File Screen



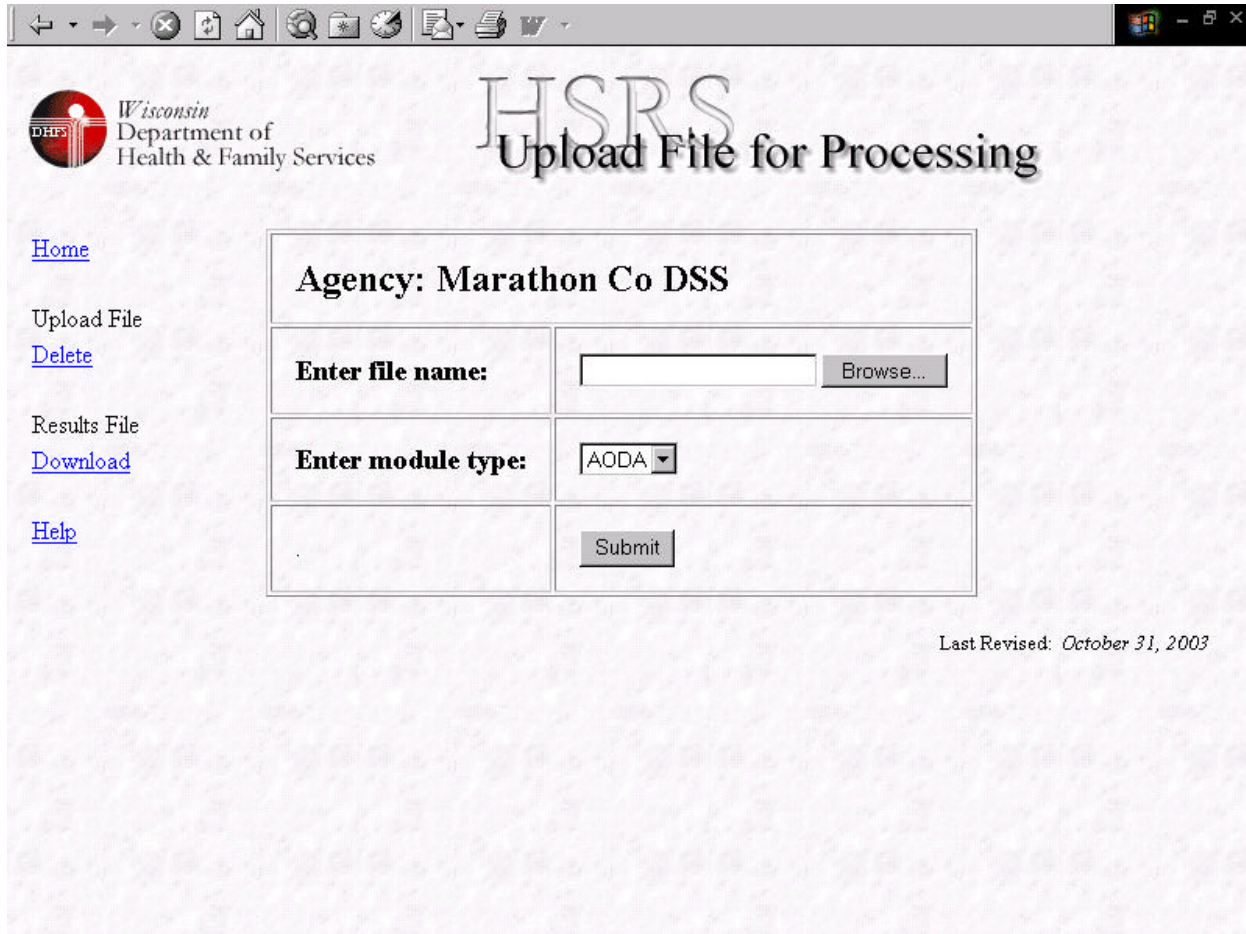
Agency: Marathon Co DSS

File	Upload Date	Module	Record Count	Good Records
	11-17-2003	CSC	50	46
	11-14-2003	CSC	36	6
	11-14-2003	Core	255	191
	11-05-2003	CSC	38	38
	11-04-2003	CSC	28	1
	11-04-2003	Core	422	307
	10-31-2003	CSC	160	149
	10-30-2003	LTS	86	84
	10-29-2003	LTS	116	109
	10-28-2003	LTS	73	58
	10-24-2003	LTS	90	87
	10-23-2003	LTS	65	57
	10-22-2003	LTS	37	0
	10-21-2003	LTS	97	88

Any files that have been processed are listed here and may be download to your machine. Files will be available to download for 90 days. Downloading a file does not affect it's availability, it will remain available for 90 days from it's creation date, allowing you to download it as often as you wish, or to various machines if you wish. Downloads may take a while depending on the length of your file. To download the file click on the icon under the File column next to the Upload Date you wish to download and follow the directions.

HSRS FTS

Upload File for Processing Screen



Wisconsin Department of Health & Family Services

HSRS

Upload File for Processing

[Home](#)

[Upload File](#)

[Delete](#)

[Results File](#)

[Download](#)

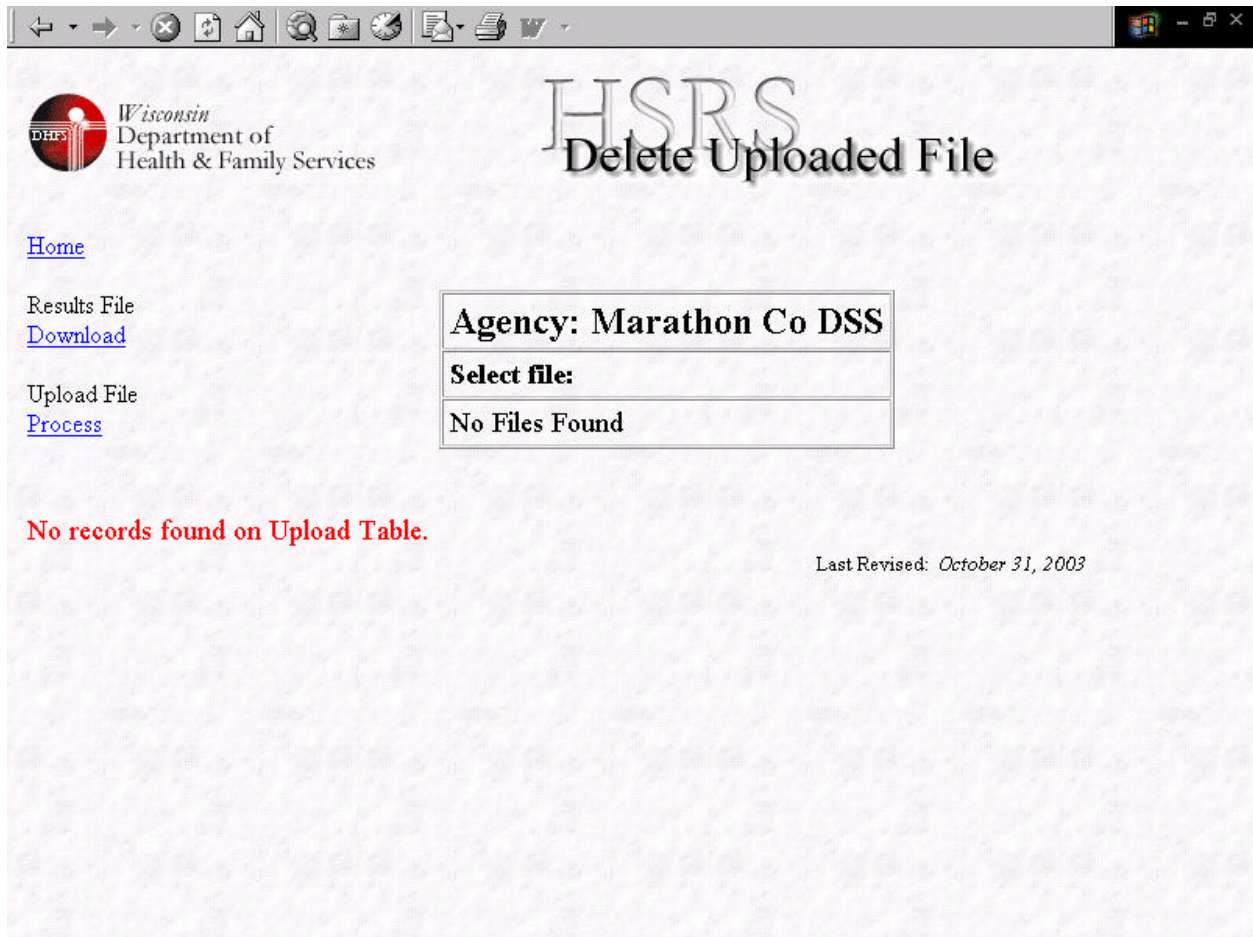
[Help](#)

Agency: Marathon Co DSS	
Enter file name:	<input type="text"/> <input data-bbox="982 730 1101 760" type="button" value="Browse..."/>
Enter module type:	<input type="text" value="AODA"/>
<input data-bbox="750 907 831 936" type="button" value="Submit"/>	

Last Revised: October 31, 2003

Use this screen to upload your files to our host for processing. You may enter the file name directly or click the Browse button to browse your machine for the file. You must then click on the down arrow to select the module type you will be uploading. An edit will be performed to check that the module type on the file you upload matches the module type you select on the screen. Click the Submit button to upload your file. This may take a while, depending on the size of your file. Files may only be uploaded to our host from 8:00am until 5:00pm, Monday through Saturday. This will prevent files from being uploaded during our batch processing cycles and insure that your files are processed during the night of the day they were received.

HSRS FTS Delete Uploaded File Screen



Use this screen to delete any files you may have uploaded for processing that you no longer wish to have processed. Each file will be listed and may be selected for deletion. When no more files are waiting for processing, the screen will look like the one above. Remember that files will be processed the night they are uploaded, so this screen is only useful to delete files the day they were submitted.

**CORE RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AXC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	CORE-RECORD		1	651	651	
2	2 CORE-UPLOAD-RECORD	GROUP	1	551	551	
3	3 CORE-RU-CODE	X(6)	1	6	6	
4	3 CORE-MODULE-TYPE-CODE	X	7	7	1	
5	3 CORE-CLIENT-ID	X(14)	8	21	14	
6	3 CORE-MODULE-KEY	X(8)	22	29	8	
7	3 CORE-DATA-GEN-TEXT	GROUP	30	551	522	
8	5 CORE-RECORD-DETAIL	GROUP	30	476	447	
9	10 CORE-CLIENT	GROUP	30	174	145	
10	15 CORE-CLT-SSN	X(9)	30	38	9	
11	15 CORE-CLT-MA	X(10)	39	48	10	
12	15 CORE-WORKER-ID	X(10)	49	58	10	
13	15 CORE-CLT-NAME	GROUP	59	153	95	
14	20 CORE-CLT-LN	X(35)	59	93	35	EXPANDED
15	20 CORE-CLT-FN	X(25)	94	118	25	EXPANDED
16	20 CORE-CLT-MN	X(25)	119	143	25	EXPANDED
17	20 CORE-CLT-SUFF	X(10)	144	153	10	EXPANDED
18	15 CORE-CLT-DOB	GROUP	154	161	8	
19	20 CORE-CLT-DOB-CCYY	X(4)	154	157	4	
20	20 CORE-CLT-DOB-MM	XX	158	159	2	
21	20 CORE-CLT-DOB-DD	XX	160	161	2	
22	15 CORE-CLT-GENDER	X	162	162	1	
23	15 CORE-HISP-ORIGIN	X	163	163	1	
24	15 CORE-CLT-RACE-CD	GROUP	164	168	5	
25	20 CORE-CLT-RACE-1	X	164	164	1	
26	20 CORE-CLT-RACE-2	X	165	165	1	
27	20 CORE-CLT-RACE-3	X	166	166	1	
28	20 CORE-CLT-RACE-4	X	167	167	1	
29	20 CORE-CLT-RACE-5	X	168	168	1	
30	15 CORE-CLT-CHAR	GROUP	169	174	6	
31	20 CORE-CLT-CHAR-1	XX	169	170	2	
32	20 CORE-CLT-CHAR-2	XX	171	172	2	
33	20 CORE-CLT-CHAR-3	XX	173	174	2	
34	10 CORE-OPTIONAL-DATA	GROUP	175	387	213	
35	15 CORE-CLT-ADDR	GROUP	175	347	173	
36	20 CORE-CLT-STREET	X(55)	175	229	55	EXPANDED
37	20 CORE-CLT-ADDR2	X(55)	230	284	55	NEW
38	20 CORE-CLT-CITY	X(52)	285	336	52	EXPANDED
39	20 CORE-CLT-STATE	XX	337	338	2	
40	20 CORE-CLT-ZIP	GROUP	339	347	9	
41	25 CORE-CLT-ZIP-5	X(5)	339	343	5	
42	25 CORE-CLT-ZIP-4	X(4)	344	347	4	
43	15 CORE-COUNTY	XXX	348	350	3	
44	15 CORE-CLT-TEL	GROUP	351	360	10	
45	20 CORE-CLT-TEL-AREA	XXX	351	353	3	
46	20 CORE-CLT-TEL-PRE	XXX	354	356	3	
47	20 CORE-CLT-TEL-SUF	X(4)	357	360	4	
48	15 CORE-DIAGNOSIS	X(6)	361	366	6	
49	15 CORE-FAMILY-ID	X(7)	367	373	7	

**CORE RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AXC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
50	15 CORE-LOCAL-1	X(8)	374	381	8	
51	15 CORE-LOCAL-2	X(6)	382	387	6	
52	10 CORE-EPIISODE-DATES	GROUP	388	421	34	
53	15 CORE-START-DATE	GROUP	388	395	8	
54	20 CORE-EPS-START-CCYY	X(4)	388	391	4	
55	20 CORE-EPS-START-MM	XX	392	393	2	
56	20 CORE-EPS-START-DD	XX	394	395	2	
57	15 CORE-REVIEW-DATE	GROUP	396	403	8	
58	20 CORE-EPS-REV-CCYY	X(4)	396	399	4	
59	20 CORE-EPS-REV-MM	XX	400	401	2	
60	20 CORE-EPS-REV-DD	XX	402	403	2	
61	15 CORE-END-DATE	GROUP	404	411	8	
62	20 CORE-EPS-END-CCYY	X(4)	404	407	4	
63	20 CORE-EPS-END-MM	XX	408	409	2	
64	20 CORE-EPS-END-DD	XX	410	411	2	
65	15 CORE-CLOSE-REASON	XX	412	413	2	
66	15 CORE-REPORT-DATE	GROUP	414	421	8	NEW
67	20 CORE-REPORT-CCYY	X(4)	414	417	4	NEW
68	20 CORE-REPORT-MM	XX	418	419	2	NEW
69	20 CORE-REPORT-DD	XX	420	421	2	NEW
70	10 CORE-SPC-DATA	GROUP	422	458	37	
71	15 CORE-SPC-CODE	XXX	422	424	3	
72	15 CORE-TARGET-GRP	XX	425	426	2	
73	15 CORE-DAYS-OF-CARE	XXX	427	429	3	
74	15 CORE-OTH-UNIT-GROUP	GROUP	430	434	5	
75	20 CORE-OTH-UNIT	XXX	430	432	3	
76	20 CORE-OTH-UNIT-DEC	XX	433	434	2	
77	15 CORE-DELIVERY-DATE	GROUP	435	442	8	
78	20 CORE-DEL-CCYY	X(4)	435	438	4	
79	20 CORE-DEL-MM	XX	439	440	2	
80	20 FILLER	XX	441	442	2	
81	15 CORE-SPC-DATES	GROUP	443	458	16	
82	20 CORE-SPC-START-DT	GROUP	443	450	8	
83	25 CORE-SPC-ST-CCYY	X(4)	443	446	4	
84	25 CORE-SPC-ST-MM	XX	447	448	2	
85	25 CORE-SPC-ST-DD	XX	449	450	2	
86	20 CORE-SPC-END-DT	GROUP	451	458	8	
87	25 CORE-SPC-END-CCYY	X(4)	451	454	4	
88	25 CORE-SPC-END-MM	XX	455	456	2	
89	25 CORE-SPC-END-DD	XX	457	458	2	
90	10 FILLER	XXXX				REMOVED
91	10 CORE-PROVIDER-ID	X(10)	459	468	10	
92	10 CORE-SPC-REV-DT	GROUP	469	476	8	
93	15 CORE-SPC-REV-CCYY	X(4)	469	472	4	
94	15 CORE-SPC-REV-MM	XX	473	474	2	
95	15 FILLER	XX	475	476	2	
96	5 CORE-LOCAL-USE	X(75)	477	551	75	
97	2 CORE-ERR-MESSAGE-TEXT	GROUP	552	651	100	
98	3 CORE-ERR-MSG-OTHER	X(21)	552	572	21	DOWNLOAD ONLY
99	3 CORE-ERR-MSG-SCREEN	X(79)	573	651	79	DOWNLOAD ONLY

CSC RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT

Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	CSC-RECORD		1	1947	1947	
2	2 CSC-UPLOAD-RECORD	GROUP	1	1847	1847	
3	3 CSC-RU-CODE	X(6)	1	6	6	
4	3 CSC-MODULE-TYPE-CODE	X	7	7	1	
5	3 CSC-CLIENT-ID	X(14)	8	21	14	
6	3 CSC-MODULE-KEY	X(8)	22	29	8	
7	3 CSC-DETAIL	GROUP	30	1847	1818	
8	10 CSC-CLIENT	GROUP	30	174	145	
9	15 CSC-CLT-SSN	X(9)	30	38	9	
10	15 CSC-CLT-MA	X(10)	39	48	10	
11	15 CSC-WORKER-ID	X(10)	49	58	10	
12	15 CSC-CLT-NAME	GROUP	59	153	95	
13	20 CSC-CLT-LN	X(35)	59	93	35	EXPANDED
14	20 CSC-CLT-FN	X(25)	94	118	25	EXPANDED
15	20 CSC-CLT-MN	X(25)	119	143	25	EXPANDED
16	20 CSC-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	15 CSC-CLT-DOB	GROUP	154	161	8	
18	20 CSC-CLT-DOB-CCYY	X(4)	154	157	4	
19	20 CSC-CLT-DOB-MM	XX	158	159	2	
20	20 CSC-CLT-DOB-DD	XX	160	161	2	
21	15 CSC-CLT-GENDER	X	162	162	1	
22	15 CSC-HISP-ORIGIN	X	163	163	1	
23	15 CSC-CLT-RACE-CD	GROUP	164	168	5	
24	20 CSC-CLT-RACE-1	X	164	164	1	
25	20 CSC-CLT-RACE-2	X	165	165	1	
26	20 CSC-CLT-RACE-3	X	166	166	1	
27	20 CSC-CLT-RACE-4	X	167	167	1	
28	20 CSC-CLT-RACE-5	X	168	168	1	
29	15 CSC-CLT-CHAR	GROUP	169	174	6	
30	20 CSC-CLT-CHAR-1	XX	169	170	2	
31	20 CSC-CLT-CHAR-2	XX	171	172	2	
32	20 CSC-CLT-CHAR-3	XX	173	174	2	
33	10 CSC-OPTIONAL-DATA	GROUP	175	387	213	
34	15 CSC-CLT-ADDR	GROUP	175	347	173	
35	20 CSC-CLT-STREET	X(55)	175	229	55	EXPANDED
36	20 CSC-CLT-ADDR2	X(55)	230	284	55	NEW
37	20 CSC-CLT-CITY	X(52)	285	336	52	EXPANDED
38	20 CSC-CLT-STATE	XX	337	338	2	
39	20 CSC-CLT-ZIP	GROUP	339	347	9	
40	25 CSC-CLT-ZIP-5	X(5)	339	343	5	
41	25 CSC-CLT-ZIP-4	X(4)	344	347	4	
42	15 CSC-COUNTY	XXX	348	350	3	
43	15 CSC-CLT-TEL	GROUP	351	360	10	
44	20 CSC-CLT-TEL-AREA	XXX	351	353	3	
45	20 CSC-CLT-TEL-PRE	XXX	354	356	3	
46	20 CSC-CLT-TEL-SUF	X(4)	357	360	4	
47	15 CSC-DIAGNOSIS	X(6)	361	366	6	
48	15 CSC-FAMILY-ID	X(7)	367	373	7	
49	15 CSC-LOCAL-1	X(8)	374	381	8	
50	15 CSC-LOCAL-2	X(6)	382	387	6	
51	10 CSC-EPIISODE-DATES	GROUP	388	413	26	
52	15 CSC-INIT-PLACE-DATE	GROUP	388	395	8	
53	20 CSC-PLACE-ST-CCYY	X(4)	388	391	4	

**CSC RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
54	20 CSC-PLACE-ST-MM	XX	392	393	2	
55	20 CSC-PLACE-ST-DD	XX	394	395	2	
56	15 CSC-REVIEW-DATE	GROUP	396	403	8	
57	20 CSC-EPS-REV-CCYY	X(4)	396	399	4	
58	20 CSC-EPS-REV-MM	XX	400	401	2	
59	20 CSC-EPS-REV-DD	XX	402	403	2	
60	15 CSC-PLACE-END-DATE	GROUP	404	411	8	
61	20 CSC-PLACE-END-CCYY	X(4)	404	407	4	
62	20 CSC-PLACE-END-MM	XX	408	409	2	
63	20 CSC-PLACE-END-DD	XX	410	411	2	
64	15 CSC-END-REASON	XX	412	413	2	
65	10 CSC-PLACEMENT-DATA	GROUP	414	425	12	
66	15 CSC-CHANGE-DT	GROUP	414	421	8	
67	20 CSC-CHANGE-CCYY	X(4)	414	417	4	
68	20 CSC-CHANGE-MM	XX	418	419	2	
69	20 CSC-CHANGE-DD	XX	420	421	2	
70	15 CSC-PERM-PLAN	X	422	422	1	
71	15 CSC-TARGET-POP	X	423	423	1	
72	15 CSC-LEGAL-STAT	X	424	424	1	
73	15 CSC-PROV-TYPE	X	425	425	1	
74	10 CSC-PROVIDER-ID	X(10)	426	435	10	
75	10 CSC-XFER-AGY	X(4)	436	439	4	
76	10 CSC-SCHOOL-DIST	X(4)	440	443	4	
77	10 CSC-FFP-IND	X	444	444	1	
78	10 CSC-COST-CARE-IND	XX	445	446	2	
79	10 CSC-KINSHIP-CARE	X	447	447	1	
80	10 CSC-EVER-ADOPT	X	448	448	1	
81	10 CSC-ADOPT-AGE	XX	449	450	2	
82	FILLER	X(4)				REMOVED
83	10 CSC-LAST-REV-DT	GROUP	451	458	8	
84	15 CSC-LAST-REV-CCYY	X(4)	451	454	4	
85	15 CSC-LAST-REV-MM	XX	455	456	2	
86	15 CSC-LAST-REV-DD	XX	457	458	2	
87	10 CSC-DISP-HEAR-DT	GROUP	459	466	8	
88	15 CSC-DISP-HEAR-CCYY	X(4)	459	462	4	
89	15 CSC-DISP-HEAR-MM	XX	463	464	2	
90	15 CSC-DISP-HEAR-DD	XX	465	466	2	
91	10 CSC-OPTIONAL-DATES	GROUP	467	490	24	
92	15 CSC-LEGAL-STATUS-EXP-DT	GROUP	467	474	8	
93	20 CSC-LGL-ST-EXP-CCYY	X(4)	467	470	4	
94	20 CSC-LGL-ST-EXP-MM	XX	471	472	2	
95	20 CSC-LGL-ST-EXP-DD	XX	473	474	2	
96	15 CSC-CRT-REP-DUE-DT	GROUP	475	482	8	
97	20 CSC-CRT-REP-CCYY	X(4)	475	478	4	
98	20 CSC-CRT-REP-MM	XX	479	480	2	
99	20 CSC-CRT-REP-DD	XX	481	482	2	

CSC RECORD LAYOUT
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Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
100	15 CSC-CRT-WARN-DATE	GROUP	483	490	8	
101	20 CSC-CRT-WARN-CCYY	X(4)	483	486	4	
102	20 CSC-CRT-WARN-MM	XX	487	488	2	
103	20 CSC-CRT-WARN-DD	XX	489	490	2	
104	10 CSC-AFCARS-DATA	GROUP	491	539	49	
105	15 CSC-DISABILITIES	GROUP	491	495	5	
106	20 CSC-DIS-MENTAL	X	491	491	1	
107	20 CSC-DIS-VIS-HEAR	X	492	492	1	
108	20 CSC-DIS-PHYS	X	493	493	1	
109	20 CSC-DIS-EMOT	X	494	494	1	
110	20 CSC-DIS-OTHER	X	495	495	1	
111	15 CSC-REMOVAL-REASONS	GROUP	496	510	15	
112	20 CSC-ABUSE-PHYSICAL	X	496	496	1	
113	20 CSC-ABUSE-SEXUAL	X	497	497	1	
114	20 CSC-ABUSE-NEGLECT	X	498	498	1	
115	20 CSC-ABUSE-ALCHOL-PAR	X	499	499	1	
116	20 CSC-ABUSE-DRUG-PAR	X	500	500	1	
117	20 CSC-ABUSE-ALCHOL-CHILD	X	501	501	1	
118	20 CSC-ABUSE-DRUG-CHILD	X	502	502	1	
119	20 CSC-DIS-CHILD	X	503	503	1	
120	20 CSC-BEHAVIOR-CHILD	X	504	504	1	
121	20 CSC-DEATH-PARENT	X	505	505	1	
122	20 CSC-JAIL-PARENT	X	506	506	1	
123	20 CSC-INABILITY-COPE	X	507	507	1	
124	20 CSC-ABANDONMENT	X	508	508	1	
125	20 CSC-RELINQ	X	509	509	1	
126	20 CSC-INADQ-HOUSE	X	510	510	1	
127	15 CSC-CARETAKE-FAM-STRUCT	X	511	511	1	
128	15 CSC-CARETAKE1-YOB	X(4)	512	515	4	
129	15 CSC-CARETAKE2-YOB	X(4)	516	519	4	
130	15 CSC-TERM-RIGHTS-PAR1-DT	GROUP	520	527	8	
131	20 CSC-TERM-RIGHTS-CCYY-1	X(4)	520	523	4	
132	20 CSC-TERM-RIGHTS-MM-1	XX	524	525	2	
133	20 CSC-TERM-RIGHTS-DD-1	XX	526	527	2	
134	15 CSC-TERM-RIGHTS-PAR2-DT	GROUP	528	535	8	
135	20 CSC-TERM-RIGHTS-CCYY-2	X(4)	528	531	4	
136	20 CSC-TERM-RIGHTS-MM-2	XX	532	533	2	
137	20 CSC-TERM-RIGHTS-DD-2	XX	534	535	2	
138	15 CSC-SUPP-SOURCE	GROUP	536	539	4	
139	20 FILLER	X	536	536	1	
140	20 CSC-SUPP-SOURCE-T4D	X	537	537	1	
141	20 CSC-SUPP-SOURCE-19	X	538	538	1	
142	20 CSC-SUPP-SOURCE-SSI-OT	H X	539	539	1	
143	10 CSC-FISCAL-PAYMENTS-DATA	GROUP	540	577	38	
144	15 CSC-FISC-REPORTING-DT	GROUP	540	547	8	
145	20 CSC-FISC-REPORT-CCYY	X(4)	540	543	4	
146	20 CSC-FISC-REPORT-MM	XX	544	545	2	
147	20 FILLER	XX	546	547	2	

CSC RECORD LAYOUT
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Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
148	15 CSC-FISC-PRIOR-DT	GROUP	548	555	8	
149	20 CSC-FISC-PRIOR-CCYY	X(4)	548	551	4	
150	20 CSC-FISC-PRIOR-MM	XX	552	553	2	
151	20 FILLER	XX	554	555	2	
152	15 CSC-SUPP-DOLLAR-AMT	X(5)	556	560	5	
153	15 CSC-EXCP-PAY-AMT	X(6)	561	566	6	
154	15 CSC-ADDPAY-AMT	X(6)	567	572	6	
155	15 CSC-CLOTH-ALLOW	X(5)	573	577	5	
156	10 CSC-REFUND-DATA	GROUP	578	604	27	
157	15 CSC-REF-REPORTING-DT	GROUP	578	585	8	
158	20 CSC-REF-REPORTING-CCYY	X(4)	578	581	4	
159	20 CSC-REF-REPORTING-MM	XX	582	583	2	
160	20 FILLER	XX	584	585	2	
161	15 CSC-REF-FFP	X	586	586	1	
162	15 CSC-REF-PROVIDER	X(10)	587	596	10	
163	15 CSC-REF-DOLLAR-AMT	X(6)	597	602	6	
164	15 CSC-REF-SOURCE-CD	XX	603	604	2	
165	10 CSC-KIDS-DATA	GROUP	605	672	68	
166	15 CSC-KIDS63-DATA	GROUP	605	672	68	
167	20 CSC-KIDS-PIN	X(10)	605	614	10	
168	20 CSC-REF-CSA-IND	X	615	615	1	
169	20 CSC-NON-REF-REASON	X(4)	616	619	4	
170	20 CSC-PAT-EST-IND	X	620	620	1	
171	20 CSC-CURR-MARITAL-STAT	X	621	621	1	
172	20 CSC-MS-DATE	GROUP	622	629	8	
173	25 CSC-MS-CCYY	X(4)	622	625	4	
174	25 CSC-MS-MM	XX	626	627	2	
175	25 CSC-MS-DD	XX	628	629	2	
176	20 CSC-MS-COUNTY	X(25)	630	654	25	
177	20 CSC-MS-CITY	X(15)	655	669	15	
178	20 CSC-MS-STATE	XX	670	671	2	
179	20 CSC-LIVPARENT	X	672	672	1	
180	10 CSC-KIDS64-PAR1	GROUP	673	880	208	
181	15 CSC-NAME-PAR1	GROUP	673	725	53	
182	20 CSC-LNAME-PAR1	X(20)	673	692	20	
183	20 CSC-FNAME-PAR1	X(15)	693	707	15	
184	20 CSC-MNAME-PAR1	X(15)	708	722	15	
185	20 CSC-SUFF-PAR1	XXX	723	725	3	
186	15 CSC-FAMROLE-PAR1	X	726	726	1	
187	15 CSC-SSN-PAR1	X(9)	727	735	9	
188	15 CSC-BDATE-PAR1	GROUP	736	743	8	
189	20 CSC-BIRTH-YEAR-PAR1	X(4)	736	739	4	
190	20 CSC-BIRTH-MM-PAR1	XX	740	741	2	
191	20 CSC-BIRTH-DD-PAR1	XX	742	743	2	
192	15 CSC-SEX-PAR1	X	744	744	1	
193	15 CSC-HISP-CODE-PAR1	X	745	745	1	
194	15 CSC-RACE-CODES-PAR1	X(5)	746	750	5	

**CSC RECORD LAYOUT
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Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
195	15 CSC-ADDRESS-PAR1	GROUP	751	880	130	
196	20 CSC-STREET1-PAR1	X(31)	751	781	31	
197	20 CSC-APT-PAR1	X(5)	782	786	5	
198	20 CSC-STREET2-PAR1	X(31)	787	817	31	
199	20 CSC-CITY-PAR1	X(16)	818	833	16	
200	20 CSC-STATE-PAR1	XX	834	835	2	
201	20 CSC-ZIP-PAR1	GROUP	836	844	9	
202	25 CSC-ZIP1-PAR1	X(5)	836	840	5	
203	25 CSC-ZIP2-PAR1	X(4)	841	844	4	
204	20 CSC-COUNTRY-PAR1	X(25)	845	869	25	
205	20 CSC-PHONE-PAR1	X(10)	870	879	10	
206	20 CSC-ADDTYPE-PAR1	X	880	880	1	
207	10 CSC-KIDS64-PAR2	GROUP	881	1088	208	
208	15 CSC-NAME-PAR2	GROUP	881	933	53	
209	20 CSC-LNAME-PAR2	X(20)	881	900	20	
210	20 CSC-FNAME-PAR2	X(15)	901	915	15	
211	20 CSC-MNAME-PAR2	X(15)	916	930	15	
212	20 CSC-SUFF-PAR2	XXX	931	933	3	
213	15 CSC-FAMROLE-PAR2	X	934	934	1	
214	15 CSC-SSN-PAR2	X(9)	935	943	9	
215	15 CSC-BDATE-PAR2	GROUP	944	951	8	
216	20 CSC-BIRTH-YEAR-PAR2	X(4)	944	947	4	
217	20 CSC-BIRTH-MM-PAR2	XX	948	949	2	
218	20 CSC-BIRTH-DD-PAR2	XX	950	951	2	
219	15 CSC-SEX-PAR2	X	952	952	1	
220	15 CSC-HISP-CODE-PAR2	X	953	953	1	
221	15 CSC-RACE-CODES-PAR2	X(5)	954	958	5	
222	15 CSC-ADDRESS-PAR2	GROUP	959	1088	130	
223	20 CSC-STREET1-PAR2	X(31)	959	989	31	
224	20 CSC-APT-PAR2	X(5)	990	994	5	
225	20 CSC-STREET2-PAR2	X(31)	995	1025	31	
226	20 CSC-CITY-PAR2	X(16)	1026	1041	16	
227	20 CSC-STATE-PAR2	XX	1042	1043	2	
228	20 CSC-ZIP-PAR2	GROUP	1044	1052	9	
229	25 CSC-ZIP1-PAR2	X(5)	1044	1048	5	
230	25 CSC-ZIP2-PAR2	X(4)	1049	1052	4	
231	20 CSC-COUNTRY-PAR2	X(25)	1053	1077	25	
232	20 CSC-PHONE-PAR2	X(10)	1078	1087	10	
233	20 CSC-ADDTYPE-PAR2	X	1088	1088	1	
234	10 CSC-KIDS65-PAR1	GROUP	1089	1290	202	
235	15 CSC-EMP-NAME-PAR1	X(31)	1089	1119	31	
236	15 CSC-EMP-ADDR-PAR1	GROUP	1120	1233	114	
237	20 CSC-EMP-STREET1-PAR1	X(31)	1120	1150	31	
238	20 CSC-EMP-STREET2-PAR1	X(31)	1151	1181	31	
239	20 CSC-EMP-CITY-PAR1	X(16)	1182	1197	16	
240	20 CSC-EMP-STATE-PAR1	XX	1198	1199	2	
241	20 CSC-EMP-ZIP-PAR1	GROUP	1200	1208	9	
242	25 CSC-MPM-ZIP1-PAR1	X(5)	1200	1204	5	
243	25 CSC-MPM-ZIP2-PAR1	X(4)	1205	1208	4	
244	20 CSC-EMP-COUNTRY-PAR1	X(25)	1209	1233	25	
245	15 CSC-INSURED-PAR1	X	1234	1234	1	
246	15 CSC-CARR-NAME-PAR1	X(31)	1235	1265	31	
247	15 CSC-POLICY-PAR1	X(15)	1266	1280	15	

CSC RECORD LAYOUT
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Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
248	15 CSC-GROUPNUM-PAR1	X(10)	1281	1290	10	
249	10 CSC-KIDS65-PAR2	GROUP	1291	1492	202	
250	15 CSC-EMP-NAME-PAR2	X(31)	1291	1321	31	
251	15 CSC-EMP-ADDR-PAR2	GROUP	1322	1435	114	
252	20 CSC-EMP-STREET1-PAR2	X(31)	1322	1352	31	
253	20 CSC-EMP-STREET2-PAR2	X(31)	1353	1383	31	
254	20 CSC-EMP-CITY-PAR2	X(16)	1384	1399	16	
255	20 CSC-EMP-STATE-PAR2	XX	1400	1401	2	
256	20 CSC-EMP-ZIP-PAR2	GROUP	1402	1435	34	
257	25 CSC-MPM-ZIP1-PAR2	X(5)	1402	1406	5	
258	25 CSC-MPM-ZIP2-PAR2	X(4)	1407	1410	4	
259	25 CSC-EMP-COUNTRY-PAR2	X(25)	1411	1435	25	
260	15 CSC-INSURED-PAR2	X	1436	1436	1	
261	15 CSC-CARR-NAME-PAR2	X(31)	1437	1467	31	
262	15 CSC-POLICY-PAR2	X(15)	1468	1482	15	
263	15 CSC-GROUPNUM-PAR2	X(10)	1483	1492	10	
264	10 CSC-KIDS66-PAR1	GROUP	1493	1632	140	
265	15 CSC-CSA-COOP-PAR1	X	1493	1493	1	
266	15 CSC-CLAIM-DT-PAR1	GROUP	1494	1501	8	
267	20 CSC-CLAIM-YY-PAR1	X(4)	1494	1497	4	
268	20 CSC-CLAIM-MM-PAR1	XX	1498	1499	2	
269	20 CSC-CLAIM-DD-PAR1	XX	1500	1501	2	
270	15 CSC-GRAN-REAS-PAR1	X	1502	1502	1	
271	15 CSC-GRAN-DT-PAR1	GROUP	1503	1510	8	
272	20 CSC-GRAN-YY-PAR1	X(4)	1503	1506	4	
273	20 CSC-GRAN-MM-PAR1	XX	1507	1508	2	
274	20 CSC-GRAN-DD-PAR1	XX	1509	1510	2	
275	15 CSC-GC-END-DT-PAR1	GROUP	1511	1518	8	
276	20 CSC-GC-END-YY-PAR1	X(4)	1511	1514	4	
277	20 CSC-GC-END-MM-PAR1	XX	1515	1516	2	
278	20 CSC-GC-END-DD-PAR1	XX	1517	1518	2	
279	15 CSC-COURT-CASE-PAR1	X(12)	1519	1530	12	
280	15 CSC-ORDER-DT-PAR1	GROUP	1531	1538	8	
281	20 CSC-ORDER-YY-PAR1	X(4)	1531	1534	4	
282	20 CSC-ORDER-MM-PAR1	XX	1535	1536	2	
283	20 CSC-ORDER-DD-PAR1	XX	1537	1538	2	
284	15 CSC-ORDER-COUNTY-PAR1	X(24)	1539	1562	24	
285	15 CSC-ORDER-CITY-PAR1	X(16)	1563	1578	16	
286	15 CSC-ORDER-STATE-PAR1	XX	1579	1580	2	
287	15 CSC-PAY-PAR1	X	1581	1581	1	
288	15 CSC-DEBT-TYPE-PAR1	XX	1582	1583	2	
289	15 CSC-SUPP-AMT-PAR1	GROUP	1584	1593	10	
290	20 CSC-SUPP-AMT-D-PAR1	X(8)	1584	1591	8	
291	20 CSC-SUPP-AMT-C-PAR1	XX	1592	1593	2	

**CSC RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
292	15 CSC-SUPP-PCT-PAR1	GROUP	1594	1598	5	
293	20 CSC-SUPP-PCT-D-PAR1	XXX	1594	1596	3	
294	20 CSC-SUPP-PCT-C-PAR1	XX	1597	1598	2	
295	15 CSC-PAY-FREQ-PAR1	XX	1599	1600	2	
296	15 CSC-DUE-DTPAR1	X(4)	1601	1604	4	
297	15 CSC-LASTPAY-AMT-PAR1	GROUP	1605	1614	10	
298	20 CSC-LASTPAY-AMT-D-PAR1	X(8)	1605	1612	8	
299	20 CSC-LASTPAY-AMT-C-PAR1	XX	1613	1614	2	
300	15 CSC-LASTPAY-DT-PAR1	GROUP	1615	1622	8	
301	20 CSC-LASTPAY-YY-PAR1	X(4)	1615	1618	4	
302	20 CSC-LASTPAY-MM-PAR1	XX	1619	1620	2	
303	20 CSC-LASTPAY-DD-PAR1	XX	1621	1622	2	
304	15 CSC-ARREARS-AMT-PAR1	GROUP	1623	1632	10	
305	20 CSC-ARS-AMT-D-PAR1	X(8)	1623	1630	8	
306	20 CSC-ARS-AMT-C-PAR1	XX	1631	1632	2	
307	10 CSC-KIDS66-PAR2	GROUP	1633	1772	140	
308	15 CSC-CSA-COOP-PAR2	X	1633	1633	1	
309	15 CSC-CLAIM-DT-PAR2	GROUP	1634	1641	8	
310	20 CSC-CLAIM-YY-PAR2	X(4)	1634	1637	4	
311	20 CSC-CLAIM-MM-PAR2	XX	1638	1639	2	
312	20 CSC-CLAIM-DD-PAR2	XX	1640	1641	2	
313	15 CSC-GRAN-REAS-PAR2	X	1642	1642	1	
314	15 CSC-GRAN-DT-PAR2	GROUP	1643	1650	8	
315	20 CSC-GRAN-YY-PAR2	X(4)	1643	1646	4	
316	20 CSC-GRAN-MM-PAR2	XX	1647	1648	2	
317	20 CSC-GRAN-DD-PAR2	XX	1649	1650	2	
318	15 CSC-GC-END-DT-PAR2	GROUP	1651	1658	8	
319	20 CSC-GC-END-YY-PAR2	X(4)	1651	1654	4	
320	20 CSC-GC-END-MM-PAR2	XX	1655	1656	2	
321	20 CSC-GC-END-DD-PAR2	XX	1657	1658	2	
322	15 CSC-COURT-CASE-PAR2	X(12)	1659	1670	12	
323	15 CSC-ORDER-DT-PAR2	GROUP	1671	1678	8	
324	20 CSC-ORDER-YY-PAR2	X(4)	1671	1674	4	
325	20 CSC-ORDER-MM-PAR2	XX	1675	1676	2	
326	20 CSC-ORDER-DD-PAR2	XX	1677	1678	2	
327	15 CSC-ORDER-COUNTY-PAR2	X(24)	1679	1702	24	
328	15 CSC-ORDER-CITY-PAR2	X(16)	1703	1718	16	
329	15 CSC-ORDER-STATE-PAR2	XX	1719	1720	2	
330	15 CSC-PAY-PAR2	X	1721	1721	1	
331	15 CSC-DEBT-TYPE-PAR2	XX	1722	1723	2	
332	15 CSC-SUPP-AMT-PAR2	GROUP	1724	1733	10	
333	20 CSC-SUPP-AMT-D-PAR2	X(8)	1724	1731	8	
334	20 CSC-SUPP-AMT-C-PAR2	XX	1732	1733	2	
335	15 CSC-SUPP-PCT-PAR2	GROUP	1734	1738	5	
336	20 CSC-SUPP-PCT-D-PAR2	XXX	1734	1736	3	
337	20 CSC-SUPP-PCT-C-PAR2	XX	1737	1738	2	
338	15 CSC-PAY-FREQ-PAR2	XX	1739	1740	2	
339	15 CSC-DUE-DTPAR2	X(4)	1741	1744	4	

CSC RECORD LAYOUT
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Field #	LEVEL & FIELD NAME - PW007AYC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
340	15 CSC-LASTPAY-AMT-PAR2	GROUP	1745	1754	10	
341	20 CSC-LASTPAY-AMT-D-PAR2	X(8)	1745	1752	8	
342	20 CSC-LASTPAY-AMT-C-PAR2	XX	1753	1754	2	
343	15 CSC-LASTPAY-DT-PAR2	GROUP	1755	1762	8	
344	20 CSC-LASTPAY-YY-PAR2	X(4)	1755	1758	4	
345	20 CSC-LASTPAY-MM-PAR2	XX	1759	1760	2	
346	20 CSC-LASTPAY-DD-PAR2	XX	1761	1762	2	
347	15 CSC-ARREARS-AMT-PAR2	GROUP	1763	1772	10	
348	20 CSC-ARS-AMT-D-PAR2	X(8)	1763	1770	8	
349	20 CSC-ARS-AMT-C-PAR2	XX	1771	1772	2	
350	10 CSC-LOCAL-USE	X(75)	1773	1847	75	
351	2 CSC-ERR-MESSAGE-TEXT	GROUP	1848	1947	100	
352	3 CSC-ERR-MSG-OTHER	X(21)	1848	1868	21	DOWNLOAD ONLY
353	3 CSC-ERR-MSG-SCREEN	X(79)	1869	1947	79	DOWNLOAD ONLY

**AODA RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AWC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	AODA-RECORD		1	708	708	
2	2 AODA-UPLOAD-RECORD	GROUP	1	608	608	
3	3 AODA-RU-CODE	X(6)	1	6	6	
4	3 AODA-MODULE-TYPE-CODE	X	7	7	1	
5	3 AODA-CLIENT-ID	X(14)	8	21	14	
6	3 AODA-MODULE-KEY	X(8)	22	29	8	
7	3 AODA-DATA-GEN-TEXT	GROUP	30	608	579	
8	5 AODA-RECORD-DETAIL	GROUP	30	533	504	
9	10 AODA-CLIENT	GROUP	30	174	145	
10	15 AODA-CLT-SSN	X(9)	30	38	9	
11	15 AODA-CLT-MA	X(10)	39	48	10	
12	15 AODA-WORKER-ID	X(10)	49	58	10	
13	15 AODA-CLT-NAME	GROUP	59	153	95	
14	20 AODA-CLT-LN	X(35)	59	93	35	EXPANDED
15	20 AODA-CLT-FN	X(25)	94	118	25	EXPANDED
16	20 AODA-CLT-MN	X(25)	119	143	25	EXPANDED
17	20 AODA-CLT-SUFF	X(10)	144	153	10	EXPANDED
18	15 AODA-CLT-DOB	GROUP	154	161	8	
19	20 AODA-CLT-DOB-CCYY	X(4)	154	157	4	
20	20 AODA-CLT-DOB-MM	XX	158	159	2	
21	20 AODA-CLT-DOB-DD	XX	160	161	2	
22	15 AODA-CLT-GENDER	X	162	162	1	
23	15 AODA-HISP-ORIGIN	X	163	163	1	
24	15 AODA-CLT-RACE-CD	GROUP	164	168	5	
25	20 AODA-CLT-RACE-1	X	164	164	1	
26	20 AODA-CLT-RACE-2	X	165	165	1	
27	20 AODA-CLT-RACE-3	X	166	166	1	
28	20 AODA-CLT-RACE-4	X	167	167	1	
29	20 AODA-CLT-RACE-5	X	168	168	1	
30	15 AODA-CLT-CHAR	GROUP	169	174	6	
31	20 AODA-CLT-CHAR-1	XX	169	170	2	
32	20 AODA-CLT-CHAR-2	XX	171	172	2	
33	20 AODA-CLT-CHAR-3	XX	173	174	2	
34	10 AODA-OPTIONAL-DATA	GROUP	175	387	213	
35	15 AODA-CLT-ADDR	GROUP	175	347	173	
36	20 AODA-CLT-STREET	X(55)	175	229	55	EXPANDED
37	20 AODA-CLT-ADDR2	X(55)	230	284	55	NEW
38	20 AODA-CLT-CITY	X(52)	285	336	52	EXPANDED
39	20 AODA-CLT-STATE	XX	337	338	2	
40	20 AODA-CLT-ZIP	GROUP	339	347	9	
41	25 AODA-CLT-ZIP-5	X(5)	339	343	5	
42	25 AODA-CLT-ZIP-4	X(4)	344	347	4	
43	15 AODA-COUNTY	XXX	348	350	3	
44	15 AODA-CLT-TEL	GROUP	351	360	10	
45	20 AODA-CLT-TEL-AREA	XXX	351	353	3	
46	20 AODA-CLT-TEL-PRE	XXX	354	356	3	
47	20 AODA-CLT-TEL-SUF	X(4)	357	360	4	
48	15 AODA-DIAGNOSIS	X(6)	361	366	6	
49	15 AODA-FAMILY-ID	X(7)	367	373	7	
50	15 AODA-LOCAL-1	X(8)	374	381	8	
51	15 AODA-LOCAL-2	X(6)	382	387	6	

**AODA RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AWC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
52	10 AODA-EPISODE-DATES	GROUP	388	413	26	
53	15 AODA-EPISODE-START-DATE	GROUP	388	395	8	
54	20 AODA-EPS-START-CCYY	X(4)	388	391	4	
55	20 AODA-EPS-START-MM	XX	392	393	2	
56	20 AODA-EPS-START-DD	XX	394	395	2	
57	15 AODA-REVIEW-DT	GROUP	396	403	8	
58	20 AODA-EPS-REV-CCYY	X(4)	396	399	4	
59	20 AODA-EPS-REV-MM	XX	400	401	2	
60	20 AODA-EPS-REV-DD	XX	402	403	2	
61	15 AODA-EPISODE-END-DATE	GROUP	404	411	8	
62	20 AODA-EPS-END-CCYY	X(4)	404	407	4	
63	20 AODA-EPS-END-MM	XX	408	409	2	
64	20 AODA-EPS-END-DD	XX	410	411	2	
65	15 FILLER	XX	412	413	2	
66	10 AODA-CODEP-COLLAT	X	414	414	1	
67	10 AODA-REF-SRC	XX	415	416	2	
68	10 AODA-EDUCATION	XX	417	418	2	
69	10 AODA-FAM-REL	X	419	419	1	
70	10 AODA-BRIEF-SERV	X	420	420	1	
71	10 AODA-EMPL-STAT	X	421	421	1	
72	10 FILLER	X	422	422	1	See footnote
73	10 AODA-CLT-PREG-IND	X	423	423	1	
74	10 FILLER	XXX	424	426	3	See footnote
75	10 AODA-SPEC-PROJ	X(22)	427	448	22	
76	10 FILLER	XX	449	450	2	Future use
77	10 FILLER	XX	451	452	2	Future use
78	10 AODA-SUB-PROBLEMS	GROUP	453	458	6	
79	15 AODA-SUBSTANCE-1	XX	453	454	2	
80	15 AODA-SUBSTANCE-2	XX	455	456	2	
81	15 AODA-SUBSTANCE-3	XX	457	458	2	
82	10 AODA-SUBST-DISCH	XX	459	460	2	
83	10 AODA-ADMIN-ROUTE	GROUP	461	463	3	
84	15 AODA-ADMIN-USUAL-RTE-1	X	461	461	1	
85	15 AODA-ADMIN-USUAL-RTE-2	X	462	462	1	
86	15 AODA-ADMIN-USUAL-RTE-3	X	463	463	1	
87	10 AODA-DRUG-USE-FREQ	GROUP	464	466	3	
88	15 AODA-DRUG-USE-FREQ-1	X	464	464	1	
89	15 AODA-DRUG-USE-FREQ-2	X	465	465	1	
90	15 AODA-DRUG-USE-FREQ-3	X	466	466	1	
91	10 AODA-AGE-FIRST-USE	GROUP	467	472	6	
92	15 AODA-AGE-FIRST-USE-1	XX	467	468	2	
93	15 AODA-AGE-FIRST-USE-2	XX	469	470	2	
94	15 AODA-AGE-FIRST-USE-3	XX	471	472	2	
95	10 AODA-SPC-DATA	GROUP	473	533	61	
96	15 AODA-SPC-CODE	XXX	473	475	3	
97	15 AODA-SPC-SUB-CODE	XX	476	477	2	
98	15 AODA-SPC-START-DT	GROUP	478	485	8	
99	20 AODA-SPC-START-CCYY	X(4)	478	481	4	
100	20 AODA-SPC-START-MM	XX	482	483	2	
101	20 AODA-SPC-START-DD	XX	484	485	2	

**AODA RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AWC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
102	15 AODA-DELIV-PERIOD	GROUP	486	491	6	
103	20 AODA-DELIV-CCYY	X(4)	486	489	4	
104	20 AODA-DELIV-MM	XX	490	491	2	
105	15 AODA-PROVIDER-ID	X(10)	492	501	10	
106	15 AODA-DAYS-OF-CARE	XXX	502	504	3	
107	15 AODA-OTHER-UNITS	X(6)	505	510	6	
108	15 AODA-SPC-END-DT	GROUP	511	518	8	
109	20 AODA-SPC-END-CCYY	X(4)	511	514	4	
110	20 AODA-SPC-END-MM	XX	515	516	2	
111	20 AODA-SPC-END-DD	XX	517	518	2	
112	15 AODA-SPC-END-RSN	XX	519	520	2	
113	15 AODA-CLOSE-STAT-A	X	521	521	1	
114	15 AODA-CLOSE-STAT-F	X	522	522	1	
115	15 AODA-CLOSE-STAT-E	X	523	523	1	
116	15 AODA-TARGET-GROUP	XX	524	525	2	
117	15 AODA-SPC-REV-DT	GROUP	526	533	8	
118	20 AODA-SPC-REV-CCYY	X(4)	526	529	4	
119	20 AODA-SPC-REV-MM	XX	530	531	2	
120	20 AODA-SPC-REV-DD	XX	532	533	2	
121	FILLER	X(15)				REMOVED
122	5 AODA-LOCAL-USE	X(75)	534	608	75	
123	2 AODA-ERR-MESSAGE-TEXT	GROUP	609	708	100	
124	3 AODA-ERR-MSG-OTHER	X(21)	609	629	21	DOWNLOAD ONLY
125	3 AODA-ERR-MSG-SCREEN	X(79)	630	708	79	DOWNLOAD ONLY

**MH RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007A0C	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	MH-RECORD		1	742	742	
2	2 MH-UPLOAD-RECORD	GROUP	1	642	642	
3	3 MH-RU-CODE	X(6)	1	6	6	
4	3 MH-MODULE-TYPE-CODE	X	7	7	1	
5	3 MH-CLIENT-ID	X(14)	8	21	14	
6	3 MH-MODULE-KEY	X(8)	22	29	8	
7	3 MH-DETAIL	GROUP	30	642	613	
8	10 MH-CLIENT	GROUP	30	174	145	
9	15 MH-CLT-SSN	X(9)	30	38	9	
10	15 MH-CLT-MA	X(10)	39	48	10	
11	15 MH-WORKER-ID	X(10)	49	58	10	
12	15 MH-CLT-NAME	GROUP	59	153	95	
13	20 MH-CLT-LN	X(35)	59	93	35	EXPANDED
14	20 MH-CLT-FN	X(25)	94	118	25	EXPANDED
15	20 MH-CLT-MN	X(25)	119	143	25	EXPANDED
16	20 MH-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	15 MH-CLT-DOB	GROUP	154	161	8	
18	20 MH-CLT-DOB-CCYY	X(4)	154	157	4	
19	20 MH-CLT-DOB-MM	XX	158	159	2	
20	20 MH-CLT-DOB-DD	XX	160	161	2	
21	15 MH-CLT-GENDER	X	162	162	1	
22	15 MH-CLT-HISP-ORIGIN	X	163	163	1	
23	15 MH-CLT-RACE-CD	GROUP	164	168	5	
24	20 MH-CLT-RACE-1	X	164	164	1	
25	20 MH-CLT-RACE-2	X	165	165	1	
26	20 MH-CLT-RACE-3	X	166	166	1	
27	20 MH-CLT-RACE-4	X	167	167	1	
28	20 MH-CLT-RACE-5	X	168	168	1	
29	15 MH-CLT-CHAR	GROUP	169	174	6	
30	20 MH-CLT-CHAR-1	XX	169	170	2	
31	20 MH-CLT-CHAR-2	XX	171	172	2	
32	20 MH-CLT-CHAR-3	XX	173	174	2	
33	10 MH-OPTIONAL-DATA	GROUP	175	387	213	
34	15 MH-CLT-ADDR	GROUP	175	347	173	
35	20 MH-CLT-STREET	X(55)	175	229	55	EXPANDED
36	20 MH-CLT-ADDR2	X(55)	230	284	55	NEW
37	20 MH-CLT-CITY	X(52)	285	336	52	EXPANDED
38	20 MH-CLT-STATE	XX	337	338	2	
39	20 MH-CLT-ZIP	GROUP	339	347	9	
40	25 MH-CLT-ZIP-5	X(5)	339	343	5	
41	25 MH-CLT-ZIP-4	X(4)	344	347	4	
42	15 MH-COUNTY	XXX	348	350	3	
43	15 MH-CLT-TEL	GROUP	351	360	10	
44	20 MH-CLT-TEL-AREA	XXX	351	353	3	
45	20 MH-CLT-TEL-PRE	XXX	354	356	3	
46	20 MH-CLT-TEL-SUF	X(4)	357	360	4	
47	15 MH-DIAGNOSIS	X(6)	361	366	6	
48	15 MH-FAMILY-ID	X(7)	367	373	7	
49	15 MH-LOCAL-1	X(8)	374	381	8	
50	15 MH-LOCAL-2	X(6)	382	387	6	
51	10 MH-EPIISODE-DATES	GROUP	388	413	26	
52	15 FILLER	X(8)	388	395	8	See footnote
53	15 MH-REVIEW-DATE	GROUP	396	403	8	
54	20 MH-EPS-REV-CCYY	X(4)	396	399	4	
55	20 MH-EPS-REV-MM	XX	400	401	2	
56	20 MH-EPS-REV-DD	XX	402	403	2	

**MH RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007A0C	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
57	15 MH-END-DT	GROUP	404	411	8	
58	20 MH-EPS-END-CCYY	X(4)	404	407	4	
59	20 MH-EPS-END-MM	XX	408	409	2	
60	20 MH-EPS-END-DD	XX	410	411	2	
61	15 FILLER	XX	412	413	2	
62	10 MH-COM-STA	X	414	414	1	
63	10 MH-COM-STA-REVIEW-DATE	GROUP	415	422	8	
64	15 MH-COM-STA-REV-CCYY	X(4)	415	418	4	
65	15 MH-COM-STA-REV-MM	XX	419	420	2	
66	15 MH-COM-STA-REV-DD	XX	421	422	2	
67	10 MH-BRC-TG	X	423	423	1	
68	10 MH-PRESENTING-PROBLEMS	GROUP	424	429	6	
69	15 MH-PRES-PB1	XX	424	425	2	
70	15 MH-PRES-PB2	XX	426	427	2	
71	15 MH-PRES-PB3	XX	428	429	2	
72	10 MH-DIAGNOSIS-CODES	GROUP	430	454	25	
73	15 MH-DIAGNOSIS-IMP1	XXX	430	432	3	
74	15 MH-DIAGNOSIS-IMP1-DEC	XX	433	434	2	
75	15 MH-DIAGNOSIS-IMP2	XXX	435	437	3	
76	15 MH-DIAGNOSIS-IMP2-DEC	XX	438	439	2	
77	15 MH-DIAGNOSIS-IMP3	XXX	440	442	3	
78	15 MH-DIAGNOSIS-IMP3-DEC	XX	443	444	2	
79	15 MH-DIAGNOSIS-IMP4	XXX	445	447	3	
80	15 MH-DIAGNOSIS-IMP4-DEC	XX	448	449	2	
81	15 MH-DIAGNOSIS-IMP5	XXX	450	452	3	
82	15 MH-DIAGNOSIS-IMP5-DEC	XX	453	454	2	
83	10 MH-CNTY-RES	XX	455	456	2	
84	10 MH-SOC-SUPP	XX	457	458	2	
85	10 MH-NUM-CHILDREN	XX	459	460	2	
86	10 MH-CHILDREN-HOME	XX	461	462	2	
87	10 MH-VETERN-STATUS	X	463	463	1	
88	10 MH-REFERRAL-SOURCE	XX	464	465	2	
89	10 MH-CASE-REV-DT	GROUP	466	473	8	
90	15 MH-CASE-REV-CCYY	X(4)	466	469	4	
91	15 MH-CASE-REV-MM	XX	470	471	2	
92	15 MH-CASE-REV-DD	XX	472	473	2	
93	10 MH-SPC-CODE	XXX	474	476	3	
94	10 MH-SPC-SUB-CODE	XX	477	478	2	
95	10 MH-SPC-START-DT	GROUP	479	486	8	
96	15 MH-SPC-START-CCYY	X(4)	479	482	4	
97	15 MH-SPC-START-MM	XX	483	484	2	
98	15 MH-SPC-START-DD	XX	485	486	2	
99	10 MH-PROVIDER-NUM	X(10)	487	496	10	
100	10 MH-UNITS-DAYS	XXX	497	499	3	
101	10 MH-UNITS-OTHER	GROUP	500	504	5	
102	15 MH-UNITS	XXX	500	502	3	
103	15 MH-UNITS-DEC	XX	503	504	2	
104	10 MH-SPC-END-DT	GROUP	505	512	8	
105	15 MH-SPC-END-CCYY	X(4)	505	508	4	
106	15 MH-SPC-END-MM	XX	509	510	2	
107	15 MH-SPC-END-DD	XX	511	512	2	
108	10 MH-SPC-CLR	XX	513	514	2	
109	10 MH-DELIVERY-DT	GROUP	515	522	8	
110	15 MH-DEL-CCYY	X(4)	515	518	4	
111	15 MH-DEL-MM	XX	519	520	2	
112	15 FILLER	XX	521	522	2	

**MH RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007A0C	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
113	10 MH-SPC-REVIEW-DT	GROUP	523	530	8	
114	15 MH-SPC-REV-CCYY	X(4)	523	526	4	
115	15 MH-SPC-REV-MM	XX	527	528	2	
116	15 FILLER	XX	529	530	2	
117	10 MH-STATUS-REPORT-DATE	GROUP	531	538	8	
118	15 MH-STATUS-REPORT-CCYY	X(4)	531	534	4	
119	15 MH-STATUS-REPORT-MM	XX	535	536	2	
120	15 FILLER	XX	537	538	2	
121	10 MH-STATUS-DATA	GROUP	539	567	29	
122	15 MH-SEVERITY-UPDATE	X	539	539	1	
123	15 MH-DSMIV-AXISIV	X	540	540	1	
124	15 MH-DSMIV-AXISV	XX	541	542	2	
125	15 MH-HEALTH-STATUS	X	543	543	1	
126	15 MH-HLTH-CARE-APPT1	X	544	544	1	
127	15 MH-HLTH-CARE-APPT2	X	545	545	1	
128	15 MH-HLTH-CARE-APPT3	X	546	546	1	
129	15 MH-SELF-HARM	X	547	547	1	
130	15 MH-RES-ARRANGE	X	548	548	1	
131	15 MH-DAILY-ACTIVITY	XXX	549	551	3	
132	15 MH-EMPLOYMENT	XX	552	553	2	
133	15 MH-EMPLOY-LEVEL	X	554	554	1	
134	15 MH-COMMIT-STAT-UPD	X	555	555	1	
135	15 MH-CRIMINAL-ACTIV	X(4)	556	559	4	
136	15 MH-FIN-SUPP-1	XX	560	561	2	
137	15 MH-FIN-SUPP-2	XX	562	563	2	
138	15 MH-FIN-SUPP-3	XX	564	565	2	
139	15 MH-FIN-SUPP-4	XX	566	567	2	
140	10 MH-LOCAL-USE	X(75)	568	642	75	
141	2 MH-ERR-MESSAGE-TEXT	GROUP	643	742	100	
142	3 MH-ERR-MSG-OTHER	X(21)	643	663	21	DOWNLOAD ONLY
143	3 MH-ERR-MSG-SCREEN	X(79)	664	742	79	DOWNLOAD ONLY

LTS RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT

Field #	LEVEL & FIELD NAME - PW007AZC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
1	LTS-RECORD		1	678	678	
2	2 LTS-UPLOAD-RECORD	GROUP	1	578	578	
3	3 LTS-RU-CODE	X(6)	1	6	6	
4	3 LTS-MODULE-TYPE-CODE	X	7	7	1	
5	3 LTS-CLIENT-ID	X(14)	8	21	14	
6	3 LTS-MODULE-KEY	X(8)	22	29	8	
7	3 LTS-DETAIL	GROUP	30	578	549	
8	10 LTS-CLIENT	GROUP	30	174	145	
9	15 LTS-CLT-SSN	X(9)	30	38	9	
10	15 LTS-CLT-MA	X(10)	39	48	10	
11	15 LTS-WORKER-ID	X(10)	49	58	10	
12	15 LTS-CLT-NAME	GROUP	59	153	95	
13	20 LTS-CLT-LN	X(35)	59	93	35	EXPANDED
14	20 LTS-CLT-FN	X(25)	94	118	25	EXPANDED
15	20 LTS-CLT-MN	X(25)	119	143	25	EXPANDED
16	20 LTS-CLT-SUFF	X(10)	144	153	10	EXPANDED
17	15 LTS-CLT-DOB	GROUP	154	161	8	
18	20 LTS-CLT-DOB-CCYY	X(4)	154	157	4	
19	20 LTS-CLT-DOB-MM	XX	158	159	2	
20	20 LTS-CLT-DOB-DD	XX	160	161	2	
21	15 LTS-CLT-GENDER	X	162	162	1	
22	15 LTS-HISP-ORIGIN	X	163	163	1	
23	15 LTS-CLT-RACE-CD	GROUP	164	168	5	
24	20 LTS-CLT-RACE-1	X	164	164	1	
25	20 LTS-CLT-RACE-2	X	165	165	1	
26	20 LTS-CLT-RACE-3	X	166	166	1	
27	20 LTS-CLT-RACE-4	X	167	167	1	
28	20 LTS-CLT-RACE-5	X	168	168	1	
29	15 LTS-CLT-CHAR	GROUP	169	174	6	
30	20 LTS-CLT-CHAR-1	XX	169	170	2	
31	20 LTS-CLT-CHAR-2	XX	171	172	2	
32	20 LTS-CLT-CHAR-3	XX	173	174	2	
33	10 LTS-OPTIONAL-DATA	GROUP	175	387	213	
34	15 LTS-CLT-ADDR	GROUP	175	347	173	
35	20 LTS-CLT-STREET	X(55)	175	229	55	EXPANDED
36	20 LTS-CLT-ADDR2	X(55)	230	284	55	NEW
37	20 LTS-CLT-CITY	X(52)	285	336	52	EXPANDED
38	20 LTS-CLT-STATE	XX	337	338	2	
39	20 LTS-CLT-ZIP	GROUP	339	347	9	
40	25 LTS-CLT-ZIP-5	X(5)	339	343	5	
41	25 LTS-CLT-ZIP-4	X(4)	344	347	4	
42	15 LTS-COUNTY	XXX	348	350	3	
43	15 LTS-CLT-TEL	GROUP	351	360	10	
44	20 LTS-CLT-TEL-AREA	XXX	351	353	3	
45	20 LTS-CLT-TEL-PRE	XXX	354	356	3	
46	20 LTS-CLT-TEL-SUF	X(4)	357	360	4	
47	15 LTS-DIAGNOSIS	X(6)	361	366	6	
48	15 LTS-FAMILY-ID	X(7)	367	373	7	

**LTS RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT**

Field #	LEVEL & FIELD NAME - PW007AZC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
49	15 LTS-LOCAL-1	X(8)	374	381	8	
50	15 LTS-LOCAL-2	X(6)	382	387	6	
51	10 LTS-EPIISODE-DATES	GROUP	388	413	26	
52	15 FILLER	X(8)	388	395	8	
53	15 LTS-REVIEW-DATE	GROUP	396	403	8	
54	20 LTS-EPS-REV-CCYY	X(4)	396	399	4	
55	20 LTS-EPS-REV-MM	XX	400	401	2	
56	20 LTS-EPS-REV-DD	XX	402	403	2	
57	15 LTS-EPIISODE-END-DT	GROUP	404	411	8	
58	20 LTS-EPS-END-CCYY	X(4)	404	407	4	
59	20 LTS-EPS-END-MM	XX	408	409	2	
60	20 LTS-EPS-END-DD	XX	410	411	2	
61	15 LTS-CLOSE-REASON	XX	412	413	2	
62	10 LTS-CARE-LEVEL	X	414	414	1	
63	10 LTS-MARITAL-STAT	X	415	415	1	
64	10 LTS-LIVING-ARR-PRIOR	XX	416	417	2	
65	10 LTS-LIVING-ARR-CURRENT	XX	418	419	2	
66	10 LTS-LIVING-ARR-PEOPLE	XX	420	421	2	
67	10 LTS-NAT-SUPP-SRC	X	422	422	1	
68	10 LTS-RELOCATE-DIVERT	X	423	423	1	
69	10 LTS-SPC-PROJ-STATUS	XXX	424	426	3	
70	10 LTS-CNTY-FISC-RESP	XX	427	428	2	
71	10 LTS-COURT-ORD-PLCMNT	X	429	429	1	
72	10 LTS-FIN-ELIG-TYPE	X	430	430	1	
73	10 LTS-FIN-ELIG-IND	X	431	431	1	
74	10 LTS-SLOT-END-DT	GROUP	432	439	8	
75	15 LTS-SLOT-END-CCYY	X(4)	432	435	4	
76	15 LTS-SLOT-END-MM	XX	436	437	2	
77	15 LTS-SLOT-END-DD	XX	438	439	2	
78	10 LTS-SPC-CODE	XXX	440	442	3	
79	10 LTS-SPC-SUB-CODE	XX	443	444	2	
80	10 LTS-SPC-TARGET-GRP	XX	445	446	2	
81	10 LTS-TYPE-CODE	X	447	447	1	
82	10 LTS-FUNDING-SRC	XX	448	449	2	
83	10 FILLER	X(5)				REMOVED
84	10 LTS-SPC-DATES	GROUP	450	465	16	
85	15 LTS-SPC-START-DT	GROUP	450	457	8	
86	20 LTS-SPC-START-CCYY	X(4)	450	453	4	
87	20 LTS-SPC-START-MM	XX	454	455	2	
88	20 LTS-SPC-START-DD	XX	456	457	2	
89	15 LTS-SPC-END-DT	GROUP	458	465	8	
90	20 LTS-SPC-END-CCYY	X(4)	458	461	4	
91	20 LTS-SPC-END-MM	XX	462	463	2	
92	20 LTS-SPC-END-DD	XX	464	465	2	
93	10 LTS-PROVIDER-NUM	X(10)	466	475	10	

LTS RECORD LAYOUT
UPLOAD/DOWNLOAD HIPAA FORMAT

Field #	LEVEL & FIELD NAME - PW007AZC	COBOL PICTURE	START POSITION	END POSITION	LENGTH	NOTES
94	10 LTS-NEXT-REV-DT	GROUP	476	483	8	
95	15 LTS-NEXT-REV-CCYY	X(4)	476	479	4	
96	15 LTS-NEXT-REV-MM	XX	480	481	2	
97	15 FILLER	XX	482	483	2	
98	10 LTS-UNITS	XXX	484	486	3	
99	10 LTS-UNITS-DEC	X	487	487	1	
100	10 LTS-COSTS-DOLLAR	X(6)	488	493	6	
101	10 LTS-COSTS-CENTS	XX	494	495	2	
102	10 LTS-DELIVERY-DT	GROUP	496	503	8	
103	15 LTS-DELIVERY-CCYY	X(4)	496	499	4	
104	15 LTS-DELIVERY-MM	XX	500	501	2	
105	15 FILLER	XX	502	503	2	
106	10 FILLER	X(15)				REMOVED
107	10 LTS-LOCAL-USE	X(75)	504	578	75	
108	2 LTS-ERR-MESSAGE-TEXT	GROUP	579	678	100	
109	3 LTS-ERR-MSG-OTHER	X(21)	579	599	21	DOWNLOAD ONLY
110	3 LTS-ERR-MSG-SCREEN	X(79)	600	678	79	DOWNLOAD ONLY